

# Disaster Volunteer Registration Form (Side One)

Please print clearly and fill out information on both sides.

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_ Gender: M F Birth date \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Local Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Community/subdivision: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Please note any health limitations: \_\_\_\_\_ Blood Type: \_\_\_\_\_

## SKILLS: Please check all that apply.

### MEDICAL

\_\_\_ 110 Doctor Specialty: \_\_\_\_\_

\_\_\_ 120 Dentist

\_\_\_ 130 Nurse Specialty: \_\_\_\_\_

\_\_\_ 140 Emerg. medical cert.

\_\_\_ 150 Mental health counsel.

\_\_\_ 160 Veterinarian

\_\_\_ 170 Veterinary technician

### COMMUNICATIONS

\_\_\_ 210 CB or ham operator

\_\_\_ 220 Telephone receptionist

\_\_\_ 230 Public relations

\_\_\_ 240 Web page design

### LANGUAGE

\_\_\_ 261 French

\_\_\_ 262 German

\_\_\_ 263 Italian

\_\_\_ 264 Spanish

\_\_\_ 265 Ukrainian

**Please indicate any other:**

\_\_\_ 266 \_\_\_\_\_

\_\_\_ 267 \_\_\_\_\_

\_\_\_ 268 \_\_\_\_\_

\_\_\_ 269 \_\_\_\_\_

### OFFICE SUPPORT

\_\_\_ 310 Clerical: filing, copying

\_\_\_ 320 Data entry  
Software: \_\_\_\_\_

\_\_\_ 330 Phone receptionist

\_\_\_ 340 Runner

### SERVICES

\_\_\_ 410 Food

\_\_\_ 415 Elderly/disabled asst.

\_\_\_ 420 Child care

\_\_\_ 425 Spiritual counseling

\_\_\_ 430 Social work

\_\_\_ 435 Search and rescue

\_\_\_ 440 Auto repair/towing

\_\_\_ 445 Traffic control

\_\_\_ 450 Crime watch

\_\_\_ 455 Animal rescue/care

### STRUCTURAL

\_\_\_ 510 Damage assessment

\_\_\_ 520 Metal construction

\_\_\_ 530 Wood construction

\_\_\_ 540 Block construction

\_\_\_ 550 Plumbing  
Cert. # \_\_\_\_\_

\_\_\_ 560 Electrical  
Cert. # \_\_\_\_\_

\_\_\_ 570 Roofing  
Cert. # \_\_\_\_\_

### TRANSPORTATION

\_\_\_ 610 Car

\_\_\_ 615 Station wagon/mini van

\_\_\_ 620 Maxi-van, capacity \_\_\_\_\_

\_\_\_ 625 ATV

\_\_\_ 630 Own off-road veh/4wd

\_\_\_ 635 Own truck, description: \_\_\_\_\_

\_\_\_ 640 Own boat, capacity \_\_\_\_\_  
Type: \_\_\_\_\_

\_\_\_ 650 Commercial driver  
Class & license #: \_\_\_\_\_

\_\_\_ 660 Camper/RV, capacity  
& type: \_\_\_\_\_

### LABOR

\_\_\_ 710 Loading/shipping

\_\_\_ 720 Sorting/packing

\_\_\_ 730 Clean-up

\_\_\_ 740 Operate equipment

Types: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ 750 Have experience  
supervising others

### EQUIPMENT

\_\_\_ 810 Backhoe

\_\_\_ 820 Chainsaw

\_\_\_ 830 Generator

\_\_\_ 840 Other: \_\_\_\_\_

Figure 4

Please note other special skills, interests and/or vocational/disaster training:

# Disaster Volunteer Registration Form (Side two)

## Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the United Way of Martin County, Volunteer & Community Resource Center, local governments, State of Florida, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer disaster effort in which I participate. I likewise hold harmless from liability any person transporting me to or from any disaster relief activity. In addition, disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me during disaster relief efforts.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Referral and Notes

This volunteer was referred to the following agency or agencies:

<u>Date</u>	<u>Request#</u>	<u>Agency</u>	<u>Contact Name</u>	<u>Contact's phone #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Figure 4

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**Figure 4**