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 Emer. 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

___ 330 Phone receptionist

___ 340 Runner

___ 350 Software:

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

___ 560 Electrical

___ 570 Roofing

___ 580 Have experience supervising others

EQUIPMENT

___ 810 Backhoe

___ 820 Chainsaw

___ 830 Generator

___ 840 Other:________________________

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, description:

___ 650 Commercial driver

___ 660 Camper/RV, capacity

___ 670 Loading/shipping

___ 720 Sorting/packing

___ 730 Clean-up

___ 740 Operate equipment

___ 750 Have experience supervising others

Figure 4
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:

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<th>Date</th>
<th>Request#</th>
<th>Agency</th>
<th>Contact Name</th>
<th>Contact's phone #</th>
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Notes:

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Figure 4