Disaster Volunteer Registration Form

Please print clearly. Submit at Volunteer Reception Center in person or by fax to [insert VRC contact information].

Mr.__ Mrs.__ Ms.__ Name_________________________ Birth Date_________ Day Phone____________

E-mail address____________________________ Evening Phone____________

Home Address________________________________ City____________ ST_______ Zip________

Emergency Contact________________________ Relationship____________ Emergency Phone____________

Your Occupation_________________________ Employer____________________________

Business Address____________________________ City____________ ST_______ Zip________

If you have any health limitations, please describe: ________________________________________________

I am willing to volunteer in: ____this county ____a neighboring county ____ anywhere in the state ____ anywhere in the U.S.

Are you currently affiliated with a disaster relief agency? If yes, name of agency:

Special skills and/or vocational/disaster training:________________________________________________________
Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless [enter names of Coordinating Agency, local governments, State, the organizers, sponsors and supervisors of disaster preparedness, response and recovery activities check with local Risk Management and Emergency Management Departments on who should be included] 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 _________, 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______________

Guardian, if under 18______________________________________  Date______________

Volunteer’s credentials were recorded as presented. Verification of credentials is the responsibility of the receiving agency or ESF.

For Internal Use Only
This volunteer was referred to the following agencies:

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<th>Date</th>
<th>Need</th>
<th>ESF or Agency</th>
<th>Contact Name</th>
<th>Contact’s phone #</th>
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