

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:

Date	Need	ESF or Agency	Contact Name	Contact's phone #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____