

# Disaster Volunteer Registration Form

(Please print clearly. Submit at Volunteer Reception Center or fax to \_\_\_\_\_)  
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 explain \_\_\_\_\_

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: \_\_\_\_\_

**SKILLS:** Please check all that apply.

## MEDICAL

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

\_\_\_ 120 Nurse Specialty: \_\_\_\_\_

\_\_\_ 130 Emerg. medical cert.

\_\_\_ 140 Mental health counsel.

\_\_\_ 150 Veterinarian

\_\_\_ 160 Veterinary technician

## COMMUNICATIONS

\_\_\_ 210 CB or ham operator

\_\_\_ 220 Hotline Operator

\_\_\_ 230 Own a cell phone  
# \_\_\_\_\_

\_\_\_ 240 Own a skyphone  
# \_\_\_\_\_

\_\_\_ 250 Public relations

\_\_\_ 260 Web page design

\_\_\_ 270 Public speaker

Language other than English:

\_\_\_ 261 French

\_\_\_ 262 German

\_\_\_ 263 Italian

\_\_\_ 264 Spanish

\_\_\_ 265 Ukrainian

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

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

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

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

## OFFICE SUPPORT

\_\_\_ 310 Clerical - filing, copying

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

\_\_\_ 330 Phone receptionist

## 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

\_\_\_ 460 Animal care

\_\_\_ 465 Runner

\_\_\_ 470 Specific disability  
Service \_\_\_\_\_

## STRUCTURAL

\_\_\_ 510 Damage assessment

\_\_\_ 520 Metal construction

\_\_\_ 530 Wood construction

\_\_\_ 540 Block construction

Cert. # \_\_\_\_\_

\_\_\_ 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 vch/4wd

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

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

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

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

\_\_\_ 670 Wheelchair transport

## 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: \_\_\_\_\_

Office Use Only

1

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2

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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 [Coordinating Agency, local governments, State of \_\_\_\_\_, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities (check with local Risk Management and Emergency Management Departments re 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.

This volunteer was referred to the following agencies:

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

Return this completed form to:

(Coordinating Agency name, address and fax number)

Notes:

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

## VOLUNTEER AGREEMENT AND RELEASE

The undersigned agrees that I am qualified to perform the work I am volunteering for, disaster recovery relief, and request to perform volunteer (unpaid at no cost to the City) work for the City of Tuscaloosa, pursuant to Section 3(b) of the Resolution of the City of Council of Tuscaloosa, Alabama entitled "Resolution Declaring Emergency Actions and Powers Necessitated by the Storm of April 27, 2011. I understand that I am not an employee or agent of the City, but I agree to follow the direction of City officials and employees regarding volunteer activity. I understand this agreement is subject to any Mutual Aid agreements in place as of the date this agreement is signed. I understand that as a volunteer, I may be permitted to operate certain approved City of Tuscaloosa vehicles and equipment and I agree to follow the City of Tuscaloosa Vehicle policies as found in the Code of Tuscaloosa and the directive of City employees. I understand as a volunteer I am not a covered employee of the City of Tuscaloosa and may not be subject to the State of Alabama Worker's Compensation Act, §25-5-1 et seq. unless covered by an employer other than the City of Tuscaloosa. I agree I have all insurance required by Alabama Law for the activity I have volunteered for.

In consideration of the City of Tuscaloosa permitting the undersigned to engage in the aforesaid activity, the undersigned does, for himself/herself, his/her heirs, assigns, executors and administrators, remise, release and forever discharge the City of Tuscaloosa, a Municipal Corporation, its officers, agents, and/or employees and volunteers of and from all manner of action and actions, suits, and sums of money, dues, claims, or demands, whatsoever, which arise out of or in any manner grow out of, property damage sustained by the undersigned or injuries or death sustained by the undersigned, including injuries known or unknown, by reason of being permitted to participate in the aforesaid activity in the City of Tuscaloosa.

It is further warranted by the undersigned that no promise or inducement has been offered, except as herein set forth, and that the undersigned is of legal age, legally competent to execute this Release and agrees to all the terms of this Release and Indemnity Agreement, making all warranties herein set forth and accepting full responsibility therefor, and this Release is a full and final release of all claims known and unknown, anticipated and unanticipated.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business/Organization Names (If Applicable): \_\_\_\_\_

Business/Organization Address: \_\_\_\_\_  
\_\_\_\_\_

Business Organization Phone: \_\_\_\_\_

## Safety Training for Volunteers

1. If you will be working outside, dress for the weather. Boots may be helpful, as debris on the ground can be sharp and dangerous.
2. Bring work gloves, sunscreen, hat and any appropriate tools you have. You will be responsible for your tools.
3. Water may be available at your work site, but you are encouraged to bring a personal water container. It is important to drink lots of water while you work.
4. While working, you will have a higher than normal exposure to bacteria. When you take a break, wash thoroughly.
5. The work you will be doing may cause you stress, anxiety, fear or other strong emotions. You are providing a valuable service by volunteering today. Please understand that, by helping, we will not be able to undo the effects of this event. We are each just one person. All we can do is help in our own small ways to assist victims into the recovery process. If you care for one lost animal, find one child's lost favorite toy, or hold the hand of one wheelchair bound senior in a shelter, you will have eased a little of the pain.
6. Do not feel guilty because you are not able to fix everything. Just work your shift, then go home to rest and eat well. Both will help to relieve the stress. Be sure to attend any debriefing that may be conducted at the end of your shift.
7. Older children can help with the disaster recovery work in some areas, but parents must sign a release of liability form for each child under the age of 18. It is recommended that children remain in school, if it is open. Older children can participate with parents on weekends.
8. You may be covered by insurance provided by the county in which you will be working. If you should sustain an injury, you must pay for any treatment required and then submit a claim form and be reimbursed by the insurance company.
9. Follow carefully any instructions given to you at your job site.
10. Please attend any debriefing activity provided at your worksite after your shift.