

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 _____ Zip _____

If you have any health limitations, please explain _____

I am willing to volunteer in: ___ this county ___ a neighboring county ___ anywhere in MO

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.

<u>MEDICAL</u>	
___ 110 Doctor	Specialty: _____
___ 120 Nurse	Specialty: _____
___ 130	Emerg. medical cert.
___ 140	Mental health counsel.
___ 150	Veterinarian
___ 160	Veterinary technician
<u>COMMUNICATIONS</u>	
___ 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	_____

<u>OFFICE SUPPORT</u>	
___ 310	Clerical - filing, copying
___ 320	Data entry Software: _____
___ 330	Phone receptionist
<u>SERVICES</u>	
___ 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
<u>STRUCTURAL</u>	
___ 510	Damage assessment
___ 520	Metal construction
___ 530	Wood construction
___ 540	Block construction
___ 550	Plumbing
___ 560	Electrical
___ 570	Roofing

<u>TRANSPORTATION</u>	
___ 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 _____
___ 650	Commercial driver
___ 660	Camper/RV, capacity & type: _____
<u>LABOR</u>	
___ 710	Loading/shipping
___ 720	Sorting/packing
___ 730	Clean-up
___ 740	Operate equipment
___ 750	Have experience supervising others
<u>EQUIPMENT</u>	
___ 810	Backhoe
___ 820	Chainsaw
___ 830	Generator
___ 840	Other: _____

Office Use Only				
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless 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 Missouri 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:

**Mid-Missouri VOAD
c/o City of Columbia Office of Volunteer Services
P. O. Box 6015
Columbia, MO 65205
Fax 442-8828**

Notes:

Disaster Volunteer Referral

Name of Volunteer _____ Date _____

Referred to (agency/ESF) _____ Need # _____

Agency contact name _____ Phone _____

Address of Agency/Site _____

Directions to Site _____

Title/description of volunteer assignment _____

Dates & hours volunteer will work _____

Note: Verification of volunteer's credentials is the responsibility of the agency receiving the volunteer.

Inter- view	Data Coord.	Safety Brief
/	/	

Mid-Missouri VOAD, Volunteer Reception

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Mid-Missouri VOAD, Volunteer Reception Center

