



# Disaster Volunteer Registration Form

(Please print clearly.)

Contact Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Zip \_\_\_\_\_ County \_\_\_\_\_ email: \_\_\_\_\_  
 Phone: Day/work (\_\_\_\_\_) \_\_\_\_\_ Night/Cell (\_\_\_\_\_) \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 I am willing to volunteer in: \_\_\_ this county \_\_\_ a neighboring county \_\_\_ anywhere in FL \_\_\_  
 anywhere in the US \_\_\_\_\_  
 Please explain any health limitations. \_\_\_\_\_

**Organization type:** (check all that apply) Faith based \_\_\_ Community \_\_\_ Youth \_\_\_ Civic \_\_\_  
 Military \_\_\_ Corporation \_\_\_ Business \_\_\_

**Group Information:**

Number of members in group: \_\_\_\_\_ # of females \_\_\_\_\_ # of males \_\_\_\_\_  
 # in Age ranges: under 18 \_\_\_\_\_ 19 – 35 \_\_\_\_\_ 36 – 54 \_\_\_\_\_ 55 & older \_\_\_\_\_

**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 \_\_\_\_\_

**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

**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 veh/4wd
- \_\_\_ 635 Own truck, description: \_\_\_\_\_
- \_\_\_ 640 Own boat, capacity \_\_\_\_\_  
Type: \_\_\_\_\_
- \_\_\_ 650 Commercial driver  
Class & license #: \_\_\_\_\_
- \_\_\_ 660 Camper/RV, capacity  
& type: \_\_\_\_\_

**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: \_\_\_\_\_

NOTE: (Do not write in area below – Office use only)

Red Cross Disaster Services Training referred? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Date completed \_\_\_\_\_ Instructor \_\_\_\_\_

## Disaster Registration Form (side 2)

### 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. This includes the Coordinating Agency, Help Thy Neighbor Ministries, Inc., Board of County Commissioners of Santa Rosa County, Florida, Volunteer Florida, Inc., State of Florida or their agent or employees individually. 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.

I further understand and agree that my voluntary participation in Santa Rosa County, Florida, does not entitle me to any compensation or other unemployment benefits. I further understand that I am not an agent or employee of Santa Rosa County, Florida or Help Thy Neighbor Ministries, Inc., and that I will not so represent myself to any person, government unit or corporate entity.

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 \_\_\_\_\_

Guardian, if under 18 \_\_\_\_\_ Date \_\_\_\_\_

**Volunteer's credentials were recorded as presented. Verification of credentials is the responsibility of the receiving agency or Emergency Support Function.**