

Disaster Volunteer
Registration
FORM



volunteer
communityconnections



Disaster Volunteer Registration Form

Name _____ D.O.B. _____

E-mail address _____ Cell _____ Home: _____

Home Address _____ City _____ State _____ Zip _____

Occupation _____ Employer _____

Are you a year-round Florida resident (Y/N)? ___ Months you are available _____

What days are you available? (circle) S M T W T H F S Best Hours: _____

If you have any health limitations, please explain _____

I am willing to volunteer in: ___ this county ___ a neighboring county ___ anywhere in Fla. ___ anywhere in the U.S.

If you are currently affiliated with a disaster relief and/or faith based agency which one: _____

What is your role in that agency: _____

I understand that a background check will be conducted based on placement. _____ (please initial)

PLEASE INDICATE WHICH ACTIVITY YOU WOULD LIKE TO VOLUNTEER FOR*

HEALTH/SUPPORT SERVICES:

- _____ Shelter Nurse
- _____ Admin Support
- _____ First Aid Stations
- _____ Mental Health Counseling
- _____ Spiritual Care
- _____ Special Needs Asst
- _____ Social Worker

License/Certificate:
Type: _____
Number: _____
State: _____
Exp Date: _____

COMMUNICATIONS

- _____ Ham Radio Operator
- _____ Satellite Operations
- _____ Network Support
- _____ Computer Set-Up
- _____ Dispatch Support
- _____ Phone Bank Operator
- _____ Translator
- Which Language: _____

OFFICE SUPPORT

- _____ Clerical Duties
- _____ Data Entry
- _____ Phone Receptionist

LOGISTICS

- _____ Warehousing
- _____ Bulk Distribution
- _____ Facilities
- _____ Supply
- _____ In-Kind Donations
- _____ Disaster Assessment
- _____ Security
- _____ Debris Clean UP

TRANSPORTATION

- _____ Vehicle Maintenance
- _____ Towing
- _____ Traffic Control Support
- _____ Commercial D/L

License/Certificate:
Type: _____
Number: _____
State: _____
Exp Date: _____

EQUIPMENT OPERATOR

- _____ Backhoe
- _____ Chainsaw
- _____ Generator
- _____ Forklift

License/Certificate:
Type: _____
Number: _____
State: _____
Exp Date: _____

PET CARE

- _____ Animal Rescue
- _____ Animal Care
- _____ Pet Shelter Worker

License/Certificate:
Type: _____
Number: _____
State: _____
Exp Date: _____

MASS CARE

- _____ Feeding – On Site
- _____ Food Prep
- _____ Shelter Worker
- _____ Mobile Feeding

*Additional training maybe required

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 Volunteer Community Connections, Inc. as the coordinating agency, Sarasota County Government, State of Florida, the American Red Cross, the organizers, sponsors and supervisors of all disaster preparedness, response, mitigation and recovery activities from all liability for any and all risk of damage or bodily injury or death or property damage, including any injury or damage caused by negligence, in connection with any volunteer disaster effort in which I participate or which may arise from my participation in volunteer disaster efforts or from my presence on a Sarasota County site or in Sarasota County vehicles as part of said participation. I likewise hold harmless from liability any person or agency transporting me to or from any disaster preparedness, response, mitigation, recovery and relief activities. In addition, disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes without compensation paid to me. I will abide by all safety instructions and information provided to me during disaster relief efforts. I understand and agree that failure to abide by such safety instructions and information may result in my immediate dismissal from the Disaster Volunteer Program, without recourse.

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 _____

Parent or Guardian, if under 18 _____ Date _____

In Case of an Emergency:

Contact: _____ Relationship: _____ Phone: _____

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

Driver license number _____ State issued _____ Expiration date _____

Verified by: Volunteer Reception Center Agent _____

Applicant was referred to:

Agency: _____ Date: _____ Contact: _____

Agency: _____ Date: _____ Contact: _____

Agency: _____ Date: _____ Contact: _____

Return this completed form to:
Volunteer Community Connections
1750 17th Street, Suite J1
Sarasota, FL 34234
Phone: 941-953-5965
Fax: 941-365-5718
Email: info@vccflorida.org