

Disaster Volunteer Registration Form

(Please print clearly. Submit at Volunteer Reception Center or fax to 727-937-8199.)

Mr. ___ Mrs. ___ Ms. ___ Name _____ Birth Date _____ Day Phone _____
 Email Address _____ Eve Phone _____
 Home Address _____ City _____ State _____ Zip _____
 Emergency Contact _____ Relationship _____ Emergency Phone _____
 Occupation _____ Employer _____
 Business Address _____ City _____ State _____ Zip _____
 Are you a year-round Florida resident? ___ Yes ___ No Months you are available _____
 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.

Are you currently affiliated with a disaster relief agency? ___ Yes ___ No
 If yes, name of agency: _____
 Special skills and/or vocational/disaster training: _____

SKILLS: Please check all that apply.

<p>MEDICAL</p> <p>___ 110 Doctor Specialty: _____ ___ 120 Nurse Specialty: _____ ___ 130 Emerg. medical cert. ___ 140 Mental health counseling ___ 150 Veterinarian ___ 160 Veterinary technician</p> <p>COMMUNICATIONS</p> <p>___ 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</p> <p>Language other than English: ___ 261 French ___ 262 German ___ 263 Italian ___ 264 Spanish ___ 265 Ukrainian ___ 266 _____ ___ 267 _____ ___ 268 _____ ___ 269 _____</p>	<p>OFFICE SUPPORT</p> <p>___ 310 Clerical - filing, copying ___ 320 Data entry Software: _____ ___ 330 Phone receptionist</p> <p>SERVICE</p> <p>___ 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</p> <p>STRUCTURAL</p> <p>___ 510 Damage assessment ___ 520 Metal construction ___ 530 Wood construction ___ 540 Block construction Cert.# _____ ___ 550 Plumbing Cert.# _____ ___ 560 Electrical Cert.# _____ ___ 570 Roofing Cert.# _____</p>	<p>TRANSPORTATION</p> <p>___ 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: _____</p> <p>LABOR</p> <p>___ 710 Loading/shipping ___ 720 Sorting/packing ___ 730 Clean-up ___ 740 Operate equipment Types: _____ ___ 750 Experience supervising others</p> <p>EQUIPMENT</p> <p>___ 810 Backhoe ___ 820 Chainsaw ___ 830 Generator ___ 840 Other: _____</p>
--	--	--

Office Use Only

1 2 3 4 5

Disaster Volunteer Registration Form (side 2)

Release of Liability

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify, and hold harmless the Coordinating Agency, local governments, State of Florida, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities **(check with local Risk Management and Emergency Management Departments regarding 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 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 ESF.

This volunteer was referred to the following ESFs or agencies:

Date	Need#	ESF or Agency	Contact Name	Contact's Phone#

Return this completed form to: **(Coordinating Agency name and address)**

City of Tarpon Springs, Florida

P. O. Box 5004

Tarpon Springs, FL 34688-5004

Notes:

Email: rvincent@ctsfl.us

Fax: 727-937-8199