

Duty Location: _____ Task: _____ Date: _____



Disaster Volunteer Registration Form

Please print clearly – Submit at Volunteer Reception Center

Mr. ___ Ms. ___ Name _____ Date of Birth _____ Phone _____

Emergency Contact Person _____ Relationship _____ Phone _____

Your Occupation _____ Employer _____

Business Address _____ City _____ State ___ Zip _____

If you have any health limitations, please explain _____

Special skills and/or vocational/disaster training: _____

Do you have any health specialties (human/animal)? _____ License: _____

Languages other than English? _____ If so, please list. _____ American Sign Language?: _____

Do you possess any of the following clerical skills (please check)?

- Clerical Work/file & copy
- Computer/data entry
- Answer phone calls
- Take messages/notes

Can you provide any of the following services (please check)?

- Food & refreshments
- Elderly/disabled assistance
- Child care
- Spiritual counseling
- Auto towing
- Traffic control
- Animal care
- Runner/courier
- Specific disability service
- Other: _____

Can you perform any of the following tasks (please check)?

- Load/unload (50 lbs.)
- Sorting/packing (20 lbs.)
- Debris Removal
- Equipment operator

Do you have any special equipment that you will be using today? _____

Office Use Only
Receiving VRC: _____
Verified by: _____



Disaster Volunteer Registration Form

Release, Waiver, Indemnification and Hold Harmless Agreement

For and in consideration of my being allowed to be a volunteer, and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged by me, I, for myself and my heirs, executors, administrators, personal representatives, and assigns, hereby release, waive any claims I may have against, and agree to indemnify and hold harmless Calhoun County, Alabama, the Calhoun County Commission, the Calhoun County Emergency Management Agency, local governments including, but not limited to all municipalities within or partially within Calhoun County, Alabama, the State of Alabama, the Alabama Emergency Management Agency, the United States of America, the Federal Emergency Management Agency, the organizers, sponsors and supervisors of disaster preparedness, response and recovery activities, and the officers and employees of each of the foregoing entities from and/or for any and all liability for any and all damages, and from any and all liability for any and all bodily injury, including death, that may occur to me (including any injury caused by negligence or wanton misconduct), in connection with any volunteer disaster effort in which I participate. I likewise release, waive any claims I may have against, and agree to indemnify and hold harmless from and/or for 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 recognize that disclosure of this form may be sought pursuant to the Alabama Open Records Law, a court order or a subpoena. I consent to such public disclosure, provided however that it is understood that the responses to the items shown in *italics* type shall be redacted from any disclosed copies of this form in order to protect my private, personal information. I however also understand and recognize that disclosure may ultimately be required due to changes in the law or in its interpretation, and the particular reason the information is sought.

Further, I expressly agree that this release, waiver, and indemnification and hold harmless agreement is intended to be as broad and inclusive as permitted or as not prohibited by the laws of the State of Alabama, 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, waiver, and indemnification and hold harmless agreement, and understand the contents thereof and sign this release, waiver, and indemnification and hold harmless agreement as my own free act, and, if for a volunteer under 19 years of age, I, as a parent having custody of the volunteer or as a duly appointed and serving guardian of the volunteer, sign this release, waiver, and indemnification and hold harmless agreement as my own free act, and for and on behalf of and as the free and voluntary act of the volunteer, and I agree that this release, waiver, and indemnification and hold harmless agreement applies to my child or ward, and to me, and I agree that my child or ward, and I are each bound by all of its terms and conditions.

Signature of Volunteer: _____ Date: _____

Volunteer's name printed or typed: _____

Custodial Parent or Guardian, if volunteer under 19: _____ Date: _____

Parent's or Guardian's name printed or typed: _____

Name of Volunteer, under 19 years of age, printed or typed: _____

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

Please return this completed form to the disaster Volunteer Reception Center.

Notes/Comments/Special Instructions: _____
