

Volunteer Jacksonville has evolved



## DISASTER VOLUNTEER REGISTRATION FORM

(Please print clearly)

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 \_\_\_\_\_

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? If yes, name of agency: \_\_\_\_\_

Special skills and/or vocational/disaster training: \_\_\_\_\_

### 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 \_\_\_\_\_  
\_\_\_ 269 \_\_\_\_\_

#### 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  
\_\_\_ 470 CERT Trained

#### 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: \_\_\_\_\_

Office Use Only

1  2  3  4  5

## Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless Volunteer Jacksonville as the coordinating agency, the City of Jacksonville, local governments, State of Florida, 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 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 City of Jacksonville/Duval County site or in City of Jacksonville/Duval 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 or 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 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 \_\_\_\_\_

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

**IF APPLICANT IS UNDER 18 THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED**

**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 #

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**Return this completed form to:**

**HandsOn Jacksonville  
Disaster Volunteer  
6817 Southpoint Pkwy ~ Suite 1902 ~ Jacksonville, FL 32216  
Phone: (904) 332-6767 FAX (904) 332-6722  
Contact: Sue Nelson ~ sue@volunteerjacksonville.org**

**Notes:**

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