

Volunteer Group Intake Form

Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Group phone: \_\_\_\_\_ Group e-mail: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Position: \_\_\_\_\_ Phone number: \_\_\_\_\_

Is your organization currently affiliated with a disaster relief agency? \_\_\_ Yes \_\_\_ No  
If so, what agency? \_\_\_\_\_

Dates your organization will be volunteering: \_\_\_\_\_

Team size: \_\_\_\_\_ # adults (18+): \_\_\_\_\_ # youth (<18): \_\_\_\_\_

Group needs housing? \_\_\_ Yes \_\_\_ No Group needs meals? \_\_\_ Yes \_\_\_ No

Amenities/special needs? \_\_\_\_\_

Waivers signed by all group members? \_\_\_ Yes \_\_\_ No

**PLEASE CHECK ALL SKILLS THAT APPLY:**

**MEDICAL:**

- \_\_\_ Doctor – indicate speciality: \_\_\_\_\_
- \_\_\_ Nurse – indicate speciality: \_\_\_\_\_
- \_\_\_ Emergency medical certification
- \_\_\_ Mental health counseling
- \_\_\_ Veterinarian
- \_\_\_ Veterinary technician
- \_\_\_ First Aid (current card? \_\_\_ Yes \_\_\_ No)
- \_\_\_ CPR (current card? \_\_\_ Yes \_\_\_ No)
- \_\_\_ Survival training and technique

**COMMUNICATIONS:**

- \_\_\_ CB operator
- \_\_\_ Ham radio operator
- \_\_\_ Telephone receptionist
- \_\_\_ Public relations
- \_\_\_ Web page design

**LANGUAGES:**

- \_\_\_ French
- \_\_\_ German
- \_\_\_ Italian
- \_\_\_ Spanish
- \_\_\_ Other: \_\_\_\_\_

**EQUIPMENT:**

- \_\_\_ Backhoe
- \_\_\_ Chainsaw
- \_\_\_ Generator
- \_\_\_ Dozer
- \_\_\_ Other: \_\_\_\_\_

**SERVICE:**

- \_\_\_ Food
- \_\_\_ Elderly
- \_\_\_ Disabled
- \_\_\_ Child care
- \_\_\_ Spiritual counseling
- \_\_\_ Social work
- \_\_\_ Search and rescue
- \_\_\_ Auto repair/towing
- \_\_\_ Traffic control
- \_\_\_ Crime watch
- \_\_\_ Animal rescue
- \_\_\_ Animal care
- \_\_\_ Emergency planning
- \_\_\_ Law enforcement
- \_\_\_ Emergency management
- \_\_\_ Firefighting

**OFFICE SUPPORT:**

- \_\_\_ Clerical – filing, copying, etc.
- \_\_\_ Data entry
- \_\_\_ Software: \_\_\_\_\_

**TRANSPORTATION:**

- \_\_\_ Car
- \_\_\_ Station wagon/minivan
- \_\_\_ ATV
- \_\_\_ Off road vehicle/4-wheel drive
- \_\_\_ Boat – capacity: \_\_\_\_\_
- \_\_\_ Commercial driver – class and license #:

\_\_\_ Camper/RV – capacity and type: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STRUCTURAL:**

- \_\_\_ Damage assessment
- \_\_\_ Metal construction
- \_\_\_ Wood construction
- \_\_\_ Block construction
- \_\_\_ Plumbing
- \_\_\_ Electrical
- \_\_\_ Roofing
- \_\_\_ Structural engineering

**LABOR:**

- \_\_\_ Loading and shipping
- \_\_\_ Sorting/packing
- \_\_\_ Clean-up
- \_\_\_ Debris clearance
- \_\_\_ Operate equipment
- \_\_\_ Experience in supervising and managing others

**OTHER SKILLS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer ID#: \_\_\_\_\_

# ##### Disaster Response & Recovery

## RELEASE AND WAIVER OF LIABILITY

For Individual and Group Volunteers

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This Release and Waiver of Liability, executed on (date) \_\_\_\_\_, by (volunteer's name) \_\_\_\_\_, in favor of National and Texas Voluntary Organizations Active in Disaster Groups, Local Community Organizations Active in Disaster Groups, ##### Disaster Response & Recovery, their directors, officers, members, affiliates, and their partnering organizations, specifically the County of \_\_\_\_\_, the State of Texas and subsidiary municipal jurisdictions, herein referred to as the "##### Disaster Response & Recovery" is legally binding.

I, the volunteer, desire to work as a volunteer for ##### Disaster Response & Recovery and engage in activities, as coordinated by ##### Disaster Response & Recovery related to being a volunteer. I understand that such activities may include, but not limited to, tree and debris, application of tarps, distribution of goods. I freely and voluntarily execute this Release under the following terms.

1. **RELEASE AND WAIVER.** I hereby release and forever discharge ##### Disaster Response & Recovery from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from my activities with ##### Disaster Response & Recovery. I understand that this Release discharges ##### Disaster Response & Recovery from any liability or claim that I may have against ##### Disaster Response & Recovery with respect to bodily injury, personal injury or property damages that may result from my activities with ##### Disaster Response & Recovery. I also understand that ##### Disaster Response & Recover does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto or disability insurance in the event of injury or loss.

2. **MEDICAL TREATMENT.** I hereby release and forever discharge ##### Disaster Response & Recovery from any claim which arises or may arise on account of first aid, treatment or any service rendered in connection with my volunteer activities with ##### Disaster Response & Recovery.

3. **ASSUMPTION OF RISK.** I understand that my volunteer activities may include work that is hazardous, including but not limited to work around power tools, heavy machinery, as well as transportation to and from the work site. I hereby expressly assume the risk of injury or harm in the volunteer activities.

4. **INSURANCE.** I understand that ##### Disaster Response & Recovery does not carry or provide health, medical, disability or auto insurance coverage for any emergent volunteer. Each volunteer is expected and encouraged to obtain his or her own medical, health, disability and auto insurance.

5. **PHOTOGRAPHIC RELEASE.** I hereby grant unto ##### Disaster Response & Recovery all rights to any and all photographic and video images made during my service with ##### Disaster Response & Recovery for internal use or reasons of publicity.

6. **OTHER.** I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by local and state laws. I agree that in the event that any provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of the Release and Waiver, which shall continue to be held enforceable.

Organization Name if applicable: \_\_\_\_\_

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(for volunteers under the age of 18)

### Emergency Contact Information

Contact person: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Secondary number: \_\_\_\_\_

Collected by: \_\_\_\_\_

on \_\_\_/\_\_\_/\_\_\_ at \_\_\_ am/pm