



MS District A/G Disaster Volunteer Registration Form

(Please print clearly)

Name _____ Birth Date _____ Phone _____

E-mail _____

Address _____

City _____ State _____ Zip Code _____

Emergency Contact Person _____

Relationship _____ Emergency Phone # _____

Your Occupation _____

Skills (Please mark all that apply)

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| <p><u>OFFICE SUPPORT</u></p> <p><input type="checkbox"/> Clerical – filing, copying</p> <p><input type="checkbox"/> Data entry – Software:</p> <p><input type="checkbox"/> Phone receptionist</p> <p><u>SERVICES</u></p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Assistance to elderly.</p> <p><input type="checkbox"/> Child care</p> <p><input type="checkbox"/> Spiritual counseling</p> <p><input type="checkbox"/> Social work</p> <p><input type="checkbox"/> Search and rescue</p> <p><input type="checkbox"/> Auto repair/towing</p> <p><input type="checkbox"/> Traffic control</p> <p><input type="checkbox"/> Crime watch</p> <p><input type="checkbox"/> Animal rescue</p> <p><input type="checkbox"/> Animal care</p> <p><input type="checkbox"/> Runner</p> <p><input type="checkbox"/> Functional needs support _____</p> <p><u>STRUCTURAL</u></p> <p><input type="checkbox"/> Damage assessment</p> <p><input type="checkbox"/> Metal construction</p> <p><input type="checkbox"/> Wood construction</p> <p><input type="checkbox"/> Block construction</p> <p><input type="checkbox"/> Plumbing</p> | <p><u>MEDICAL</u></p> <p><input type="checkbox"/> Doctor</p> <p><input type="checkbox"/> Nurse</p> <p><input type="checkbox"/> Emergency medical cert.</p> <p><input type="checkbox"/> Mental health counseling</p> <p><input type="checkbox"/> Veterinarian</p> <p><input type="checkbox"/> Veterinary technician</p> <p><u>COMMUNICATIONS</u></p> <p><input type="checkbox"/> CB / ham operator</p> <p><input type="checkbox"/> Hotline operator</p> <p><input type="checkbox"/> Social Media</p> <p><input type="checkbox"/> Public relations</p> <p><input type="checkbox"/> Web page design</p> <p><input type="checkbox"/> Public speaker</p> <p>Language other than English:</p> <p><input type="checkbox"/> French</p> <p><input type="checkbox"/> German</p> <p><input type="checkbox"/> Italian</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Russian</p> <p><input type="checkbox"/> Creole</p> <p>_____</p> | <p><u>Equipment</u></p> <p><input type="checkbox"/> ATV</p> <p><input type="checkbox"/> Own off-road veh/4wd</p> <p><input type="checkbox"/> Own truck, description: _____</p> <p><input type="checkbox"/> Own heavy equipment</p> <p>Tractor, Skid Steer, Forklift</p> <p><input type="checkbox"/> Commercial driver</p> <p><u>LABOR</u></p> <p><input type="checkbox"/> Loading/shipping</p> <p><input type="checkbox"/> Sorting/packing</p> <p><input type="checkbox"/> Clean-up</p> <p><input type="checkbox"/> Operate equipment –</p> <p>Types: _____</p> <p>_____</p> <p><input type="checkbox"/> Have experience supervising others</p> <p><u>EQUIPMENT</u></p> <p><input type="checkbox"/> Chainsaw</p> <p><input type="checkbox"/> Backhoe</p> <p><input type="checkbox"/> Generator</p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> |
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Please list any other skills that are not listed _____

Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the MS District Assemblies of God and the MS District Assemblies of God Disaster Response, State of _____, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities 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 _____, 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 _____

Return this completed form to:

MS District A/G Disaster Response
1705 Meadowood Drive
Amory, MS 38821

Or email it to

robert@msagdr.org