

Disaster Volunteer Registration Form
 MANATEE COUNTY- HandsOn Manatee



(Please print clearly)

Name: _____ Birthday: _____ Cell Phone: _____

E-mail address: _____ Evening Phone: _____

Home address: _____ City: _____ ST _____ Zip _____

Occupation: _____ Employer: _____

Business Address: _____ City: _____ ST _____ Zip _____

Emergency Contact: _____ Relationship: _____ Emergency Phone _____

Are you a year-round Florida resident? ___ Yes ___ No Months you are available _____

Do you have your own transportation? ___ Yes ___ No Driver's License # _____ ST _____

I am willing to volunteer in __ this county __ a neighboring county __ anywhere in FL __ anywhere in U.S.

Are you currently affiliated with a disaster relief agency? If yes, name of agency _____

Special Skills and/or vocational/disaster training: _____

Certifications: _____

Skills &Interests:
 Check all that apply

MEDICAL Specialty: _____
 ___ Doctor _____
 ___ Nurse _____
 ___ Emerg. Medical cert.
 ___ Mental health counsel
 ___ Veterinarian
 ___ Veterinary technician

COMMUNICATIONS
 ___ CB or ham operator
 Language other than English
 ___ Spanish ___ French
 ___ German ___ Italian
 Other: _____

OFFICE SUPPORT
 ___ Clerical- filing, copying
 ___ Data entry
 Software: _____
 ___ Phone receptionist

SERVICES
 ___ Food
 ___ Elderly/disabled assist.
 ___ Child care
 ___ Spiritual counseling
 ___ Social work
 ___ Search and rescue
 ___ Auto repair/towing
 ___ Traffic control
 ___ Crime watch
 ___ Animal rescue
 ___ Animal care
 ___ Runner

STRUCTURAL (Cert. #)
 ___ Damage assessment
 ___ Metal construction
 ___ Wood construction
 ___ Block construction
 ___ Plumbing
 ___ Electrical
 ___ Roofing

TRANSPORTATION
 ___ Car
 ___ Station Wagon/Mini-van
 ___ Maxi-van capacity _____
 ___ ATV
 ___ Own off-road veh./4wd
 ___ Own Truck, description: _____
 ___ Own boat capacity _____
 Type: _____
 ___ Commercial driver
 Class & license# _____
 ___ Camper/RV capacity _____
 Type: _____

LABOR
 ___ Loading
 ___ Sorting/packing
 ___ Clean-up
 ___ Operate equipment
 Types: _____

LABOR cont'd
 ___ Have experience supervising others

EQUIPMENT
 ___ Backhoe
 ___ Chainsaw
 ___ Generator
 ___ Forklift
 ___ Other: _____

HEALTH & HUMAN SERVICES
 ___ VRC Staff
 ___ Mass Care
 ___ Shelter management

*Some skills require documentation of certification and/or training.

Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless 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. This includes the Coordinating Agency, Volunteer Services of Manatee County, Inc. (also known as Volunteer Manatee/HandsOn Manatee), Board of County Commissioners of Manatee County, Commissioners of Manatee County, and State of Florida or their agent or employees individually. 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.

I further understand and agree that my voluntary participation in Manatee County does not entitle me to any compensation or other unemployment benefits. I further understand that I am not an agent or employee of Manatee County, Florida and that I will not so represent myself to any person, government unit or corporate entity.

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 and background checks are the responsibility of the receiving agency or Emergency Support Function.

The volunteer was referred to the following agencies:

Date	Need#	ESF or Agency	Contact Name	Contact’s phone #

Return this completed form to: HandsOn Manatee



5131 Manatee Ave West
Bradenton, FL 34209
Ph: 941-761-3207 Fax: 941-761-0458
E-mail: manateens@volunteermanatee.org
www.manateens.org