

West, TX Relief Effort

LTRC VOLUNTEER INTAKE FORM

Name: _____ Birthdate: ____ / ____ / ____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone number: _____ Email: _____
 Occupation: _____ Employer: _____

Emergency contact: _____
 Relationship: _____ Phone number: _____

PLEASE CHECK ALL SKILLS THAT APPLY:

<p><u>MEDICAL:</u></p> <p><input type="checkbox"/> Doctor – indicate specialty _____</p> <p><input type="checkbox"/> Nurse – indicate specialty _____</p> <p><input type="checkbox"/> Emergency medical certification <input type="checkbox"/> Mental health counseling <input type="checkbox"/> Veterinarian <input type="checkbox"/> Veterinary technician <input type="checkbox"/> First Aid current? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> CPR current? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Survival training and technique</p> <p><u>COMMUNICATIONS:</u></p> <p><input type="checkbox"/> CB operator <input type="checkbox"/> Ham radio operator <input type="checkbox"/> Telephone receptionist <input type="checkbox"/> Public relations <input type="checkbox"/> Web page design</p> <p><u>LANGUAGES:</u></p> <p><input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Italian <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____</p>	<p><u>EQUIPMENT:</u></p> <p><input type="checkbox"/> Backhoe <input type="checkbox"/> Chainsaw <input type="checkbox"/> Generator <input type="checkbox"/> Dozer <input type="checkbox"/> Other: _____</p> <p><u>SERVICE:</u></p> <p><input type="checkbox"/> Food <input type="checkbox"/> Elderly <input type="checkbox"/> Disabled <input type="checkbox"/> Child Care <input type="checkbox"/> Spiritual counseling <input type="checkbox"/> Social Work <input type="checkbox"/> Search and rescue <input type="checkbox"/> Auto repair/towing <input type="checkbox"/> Traffic control <input type="checkbox"/> Crime watch <input type="checkbox"/> Animal rescue <input type="checkbox"/> Animal care <input type="checkbox"/> Emergency planning <input type="checkbox"/> Law enforcement <input type="checkbox"/> Emergency management <input type="checkbox"/> Firefighting</p> <p><u>OFFICE SUPPORT:</u></p> <p><input type="checkbox"/> Clerical – filing, copying, etc. <input type="checkbox"/> Data entry <input type="checkbox"/> Software: _____</p>	<p><u>SUPPORT:</u></p> <p><input type="checkbox"/> Car <input type="checkbox"/> Station wagon/minivan <input type="checkbox"/> ATV <input type="checkbox"/> Off road vehicle/4-wheel drive <input type="checkbox"/> Boat – capacity <input type="checkbox"/> Commercial driver-class & license #: _____</p> <p><input type="checkbox"/> Camper/RV – capacity and type: _____</p> <p><u>STRUCTURAL:</u></p> <p><input type="checkbox"/> Damage assessment <input type="checkbox"/> Metal construction <input type="checkbox"/> Wood construction <input type="checkbox"/> Block construction <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Roofing <input type="checkbox"/> Structural engineering</p> <p><u>LABOR:</u></p> <p><input type="checkbox"/> Loading and shipping <input type="checkbox"/> Sorting/packing <input type="checkbox"/> Clean-up <input type="checkbox"/> Debris clearance <input type="checkbox"/> Operate equipment <input type="checkbox"/> Experience in supervising and managing others</p>
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OTHER SKILLS:

West, TX Relief Effort

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 **West TX Task Force**, their directors, officers, members, affiliates, their partnering organizations herein referred to as "**West TX Relief Effort**".

I, the volunteer, desire to work as a volunteer for West TX Relief Effort and engage in activities, as coordinated by West TX Relief Effort 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 **West TX Relief Effort** 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 **West TX Relief Effort**. I understand that this Release discharges **West TX Relief Effort** from any liability or claim that I may have against **West TX Relief Effort** with respect to bodily Injury, personal injury or property damages that may result from my activities with **West TX Relief Effort**. I also understand that **West TX Relief Effort** 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 West TX Relief Effort 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 West TX Relief Effort.

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 West TX Relief Effort 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 West TX Relief Effort all rights to any and all photographic and video images made during my service With West TX Relief Effort 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 herd enforceable.

Organization Name if applicable: _____

Volunteer signature: _____ Date: _____

Parent or guardian signature: _____ Date: _____

Emergency Contact Information

Contact Person: _____

Relationship to Volunteer: _____

Parent or guardian signature: _____ Secondary Number: _____



Central Texas Conference of the UMC
464 Bailey Avenue | Ft. Worth, TX 76107
817-877-5222 | 817-338-4541 (fax)
www.ctcumc.org

Liability Release

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Church, The UMVIM Board of the South Central Jurisdiction of the United Methodist Church, the Central Texas Annual Conference, and any related agency, conference, district, local church, member, employee or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the above named UMVIM Project. The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, the following: Dangers resulting from disease; from civil warfare or insurrection of the kind that we have seen in recent years in Somalia, Bosnia, Liberia; from post-warfare hazards such as landmines; from geographic features such as high altitude, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced. This release covers all rights and actions of every kind, nature and description, which the undersigned ever had, now has or but for this release, may have. This release binds the undersigned and his/her heirs, representatives and assignees.

I have read and understand the above statements regarding my participation in an UMVIM project.

Participant's Signature _____

Notarization of Liability, Medical, and Information Release Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared _____ (name), whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Notary Public, State of Texas

My Commission Expires

***Notary Seal Required**