



Disaster Volunteer Registration Form

***Completing this form will also create an online volunteer profile on Volunteer Mississippi's online disaster volunteer portal. You will be designated as a Disaster Response Volunteer, and will only be contacted about disaster response projects, unless you log in and change your settings.*

1.) Mr. ___ Mrs. ___ Ms. ___ Name _____

Email Address _____

Day Phone _____ Eve Phone _____

Home Address _____

City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____

Emergency Phone _____

If you have any health limitations, please explain

Are you currently affiliated with a disaster relief agency? ___ Yes ___ No

If yes, name of agency:

Special skills and/or vocational/disaster training:

2.) Release of Liability

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the Mississippi Commission for Volunteer Service, local governments, State of Mississippi, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities from all liability for any and all risk of damage and 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 Mississippi, 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 capacity 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: _____

3.) Safety Briefing

I acknowledge and confirm my attendance during the safety training held at the Volunteer Response Center. I willfully and knowingly agree to stay within the parameters related to my assignment. All other tasks that I take on exempt liability to another party; I assume full responsibility for my actions.

Signature: _____ Date: _____

4.) Volunteer Badge Number

Volunteer badging helps in identifying true volunteers in a disaster area and reducing looters or other unauthorized workers in the area. It also helps in tracking what work sites have had volunteers and which sites may need additional volunteers.

Badge Color: _____ Badge Number: _____ Date: _____

Badge Color: _____ Badge Number: _____ Date: _____

Badge Color: _____ Badge Number: _____ Date: _____

5.) Work Assignment

If work is completed (or you are unable to continue) at your first work site, please return to either check-out for the day or to get a new work site.

- 1) Work Location:
 - a. Address: _____
 - b. Start Time: _____ End Time: _____ Total Time on Site: _____
 - c. Date: _____ d. Was the assigned work completed? Yes No
- 2) Work Location:
 - a. Address: _____
 - b. Start Time: _____ End Time: _____ Total Time on Site: _____
 - c. Date: _____ d. Was the assigned work completed? Yes No

Check-In/ Check-Out

- 1) Time - In at Volunteer Response Center (beginning of day): _____
- 2) Time – Out from Volunteer Response Center (end of day): _____
- 3) Do you plan on volunteering another day through this Volunteer Response Center? Y N
- 4.) Time - IN (day 2): _____ Time – OUT: _____ Date: _____
- 5.) Time – IN (day 3): _____ Time - OUT: _____ Date: _____