

Disaster Relief Training Personal Information Form

Revised March 31, 2017



Place of Training _____ Date _____

Your Legal Name: First _____ Middle _____ Last _____

I am a member of _____ Church in this city _____

Your Physical Address _____

City _____ State _____ Zip _____

Mailing Address SAME AS ABOVE or Street _____

City _____ State _____ Zip _____ Home Phone (_____) _____

E-mail _____ Mobile Phone (_____) _____

Work Phone (_____) _____ Occupation _____ Marital Status _____

Emergency Contact Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Mobile Phone (_____) _____ Home/Office Phone (_____) _____

Your Hair Color _____	Eye Color _____	Height _____	Shirt size _____	Birthdate _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Driver's License Number _____		

I authorize the Disaster Relief Ministry of the SBTC to give my name, address and phone numbers to staff, unit directors and task force members for the purposes of contacting me for the purposes of disaster relief.

Applicant Signature _____ Date _____

I am a... <input type="checkbox"/> New Volunteer <input type="checkbox"/> Volunteer working this event <input type="checkbox"/> Task Force Member		My badge is... <input type="checkbox"/> Current <input type="checkbox"/> Expired or about to expire (I need a new one) <input type="checkbox"/> I don't have a badge		
Today I will be taking	<input type="checkbox"/> Introduction to Disaster Relief		<input type="checkbox"/> Unit Director Training (3 Sessions)	
	CHOOSE ONLY ONE OF THESE	<input type="checkbox"/> Phase 1 Assessments <input type="checkbox"/> Phase 1 Chaplain <input type="checkbox"/> Phase 1 Childcare <input type="checkbox"/> Phase 1 Clean-Up & Recovery <input type="checkbox"/> Phase 1 Feeding <input type="checkbox"/> Phase 1 Shower & Laundry <input type="checkbox"/> Communications	<input type="checkbox"/> Administration <input type="checkbox"/> Phase 2 Chaplain <input type="checkbox"/> Phase 2 Childcare <input type="checkbox"/> Phase 2 Clean-Up & Recovery <input type="checkbox"/> Phase 2 Feeding <input type="checkbox"/> Phase 2 Shower & Laundry <input type="checkbox"/> CPR & First Aid	<input type="checkbox"/> Intro to Rigging and Advanced Chainsaw <input type="checkbox"/> Tech Rigging and Climbing <input type="checkbox"/> HAM Radio Licensing <input type="checkbox"/> Skid Steer & Lift Operation <input type="checkbox"/> Water Purification <input type="checkbox"/> Advanced Rigging

BACKGROUND CHECK AUTHORIZATION

During the application process and at any time during the tenure of my voluntary service with Southern Baptists of Texas Convention Disaster Relief, I hereby authorize Texas DPS Crime Records, on the behalf of Southern Baptists of Texas Convention, to procure a background report. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant Signature _____ Date _____

FOR OFFICE USE	Background Check _____	Badge produced _____	CRM entered _____
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VOLUNTEER AGREEMENT WITH THE STATE DISASTER RELIEF DIRECTOR OF THE SBTC:

As a volunteer member of the Southern Baptists of Texas Convention Disaster Relief Ministry, I agree to:

- Complete a "Personal Information" form to be on file with the Disaster Relief Ministry Department of the SBTC
- Complete the required training, updated training and special training as required for my area of disaster relief
- Take preparation for my spiritual, emotional and physical well being
- Exhibit those attitudes, behaviors, speech, and dress that represents my Lord, my church, my fellow Christians, and my fellow team members
- Wear official disaster relief clothing and SBC disaster relief logos only while engaged in a disaster relief function
- Protect health and safety of myself, team members, victims, and all others while involved in a disaster relief response
- Inform my Unit Director of my limitations and availability to serve in disaster relief
- Pay my own expenses, arrange my own transportation, bring clothing, bedding, and personal items I will need on a disaster
- Provide for my health, accident, liability and other needed insurance
- Assist with unit preparation, training and other unit non-emergency events as availability and ability allow
- Sign the "Volunteer Release and Waiver of Liability"
- Therefore I, _____, volunteer to do my best to carry out the purposes of SBC and SBTC disaster relief in the manner stated above.

Applicant Signature _____ Date _____

RELEASE

- I. "THE ABOVE NAMED VOLUNTEER" represents that the volunteer will ONLY work as an independent agent in the disaster area and NOT as an employee or agent of SBTC, which has no ability or responsibility to supervise the work I will perform. I am at least eighteen (18) years of age and acknowledge that I understand that working in disaster relief areas has risks, many of which are unforeseeable. I offer my services for this mission activity of the Southern Baptists of Texas Convention (SBTC) solely as described in this Disaster Relief Personal Information Form.
- II. By my signature below, I acknowledge that I have read and understood everything in this form and have willingly affixed my signature, that I have completed this form myself and that all information provided by me is true and complete.
- III. I agree to hold the Southern Baptists of Texas Convention (SBTC) harmless from any injury caused to me or my property, except where my injury or damage to my property is caused by the negligence of SBTC, while serving in the Disaster Relief Area or traveling to and from the area.

Applicant Signature _____ Date _____

Disaster Relief Volunteer Release and Waiver of Liability

This release and waiver of liability is executed by me, the Volunteer, on the date shown below. I hereby acknowledge and state the following:

I am at least 18 years of age. I desire to volunteer with Southern Baptists of Texas Convention (SBTC) to provide disaster relief services. I have chosen to travel and to perform clean-up, remediation or repair work, and to otherwise assist the victims of disaster. I understand that engaging in these activities may be hazardous to my health, may involve inherently dangerous activities, hard physical labor, heavy lifting and other strenuous activity, working with and around dangerous tools and equipment, in an environment and under conditions that may be without power, sanitation, and otherwise damaged by disaster. I understand that my service entails risks of physical injury, and even death.

I am engaging in this activity at my own risk. I assume all risk and responsibility for any damage or injury to my property or any personal injury or death, and related medical costs and expenses, which I may sustain while involved in this effort.

For and on behalf of myself, my heirs, administrators, executors, next of kin, and all other persons, firms or corporations, I do hereby release and discharge from liability and agree to defend, indemnify and forever hold harmless all other volunteers engaged in this project, SBTC, the Southern Baptist Convention and those corporations in which the Southern Baptist Convention is the sole member, Southern Baptist state conventions and associations, the churches which are in friendly cooperation with these Baptist conventions, associations or churches, and the members, volunteers, employees, servants, agents, officers, and directors of all these, hereafter referred to as releases, from any and all causes of action arising from or relating to my participation in this effort, including but not limited to travel, lodging, transportation in vehicles, for damages I may suffer, including but not limited to claims for personal injury, disability, sickness, loss of limb or life, even if said claims arise from injuries or illnesses or other damages caused by the sole negligence or fault of releases.

I hereby release and forever discharge releases from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time of service as a volunteer.

I understand that I am solely responsible for my personal effects and property and that no one will provide security for any of my items and I will hold the above releases harmless in the event of theft or for loss resulting from any source or cause.

I understand that none of the releases carries or maintains health, medical, disability, or life insurance coverage for me, and I acknowledge that I have been encouraged to carry such insurance prior to beginning this service.

I state that I undertake to perform this volunteer service without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of the SBTC.

This release and waiver is fully understood by me and I enter the same willingly for the purposes herein above stated on this _____ day of _____, 20_____.

Print Name: _____

Applicant Signature: _____ **Witness Signature:** _____