



# Volunteer Registration

(Please print clearly and fill out information on both sides)

Name \_\_\_\_\_ Gender: M F Birth date \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Local Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Please note any physical limitations: \_\_\_\_\_

Are you able to: Work outdoors for several hours? Yes  No  Sit for several hours? Yes  No

Lift heavy objects? .... 20lb : Yes  No  .... 50lb : Yes  No  Blood Type: \_\_\_\_\_

Medical insurance: \_\_\_\_\_

Policy No.: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Address \_\_\_\_\_ City/State \_\_\_\_\_ ZIP \_\_\_\_\_

**SKILLS: Please check all that apply.**

**MEDICAL**  
 \_\_\_ 110 Doctor Specialty: \_\_\_\_\_  
 \_\_\_ 120 Dentist  
 \_\_\_ 130 Nurse Specialty: \_\_\_\_\_  
 \_\_\_ 140 Emerg. medical cert.  
 \_\_\_ 150 Mental health counsel.  
 \_\_\_ 160 Veterinarian  
 \_\_\_ 170 Veterinary technician

**COMMUNICATIONS**  
 \_\_\_ 210 CB or ham operator  
 \_\_\_ 220 Telephone receptionist  
 \_\_\_ 230 Public relations  
 \_\_\_ 240 Web page design

**LANGUAGE**  
 \_\_\_ 260 Creole  
 \_\_\_ 261 French  
 \_\_\_ 262 German  
 \_\_\_ 263 Italian  
 \_\_\_ 264 Spanish  
 \_\_\_ 265 Ukrainian

**Please indicate any other:**  
 \_\_\_ 266 \_\_\_\_\_  
 \_\_\_ 267 \_\_\_\_\_  
 \_\_\_ 268 \_\_\_\_\_  
 \_\_\_ 269 \_\_\_\_\_

**OFFICE SUPPORT**  
 \_\_\_ 310 Clerical: filing, copying  
 \_\_\_ 320 Data entry  
 Software: \_\_\_\_\_  
 \_\_\_ 330 Phone receptionist  
 \_\_\_ 340 Runner

**SERVICES**  
 \_\_\_ 410 Food  
 \_\_\_ 415 Elderly/disabled asst.  
 \_\_\_ 420 Child care  
 \_\_\_ 425 Spiritual counseling  
 \_\_\_ 430 Social work  
 \_\_\_ 435 Search and rescue  
 \_\_\_ 440 Auto repair/towing  
 \_\_\_ 445 Traffic control  
 \_\_\_ 450 Crime watch  
 \_\_\_ 455 Animal rescue/care

**STRUCTURAL**  
 \_\_\_ 510 Damage assessment  
 \_\_\_ 520 Metal construction  
 \_\_\_ 530 Wood construction  
 \_\_\_ 540 Block construction  
 Cert. # \_\_\_\_\_  
 \_\_\_ 550 Plumbing  
 Cert. # \_\_\_\_\_  
 \_\_\_ 560 Electrical  
 Cert. # \_\_\_\_\_  
 \_\_\_ 570 Roofing  
 Cert. # \_\_\_\_\_

**TRANSPORTATION**  
 \_\_\_ 610 Car  
 \_\_\_ 615 Station wagon/mini van  
 \_\_\_ 620 Maxi-van, capacity \_\_\_\_\_  
 \_\_\_ 625 ATV  
 \_\_\_ 630 Own off-road veh/4wd  
 \_\_\_ 635 Own truck, description: \_\_\_\_\_  
 \_\_\_ 640 Own boat, capacity \_\_\_\_\_  
 Type: \_\_\_\_\_  
 \_\_\_ 650 Commercial driver  
 Class & license #: \_\_\_\_\_  
 \_\_\_ 660 Camper/RV, capacity  
& type: \_\_\_\_\_

**LABOR**  
 \_\_\_ 710 Loading/shipping  
 \_\_\_ 720 Sorting/packing  
 \_\_\_ 730 Clean-up  
 \_\_\_ 740 Operate equipment  
 Types: \_\_\_\_\_  
 \_\_\_ 750 Have experience  
 supervising others

**EQUIPMENT**  
 \_\_\_ 810 Backhoe  
 \_\_\_ 820 Chainsaw  
 \_\_\_ 830 Generator  
 \_\_\_ 840 Other: \_\_\_\_\_

**Please note other special skills, interests and/or vocational/disaster training:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the Indian River County VOAD, the Indian River County Dept. of Emergency Services, the United Way of Indian River County, Volunteer & Community Resource Center, local governments, State of Florida, 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 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 \_\_\_\_\_

Send form or Fax to: Indian River County VOAD  
United Way Center  
1836 14<sup>th</sup> Ave. Vero Beach, FL 32960  
(Phone: 567-8900 ext. 20; Fax: 567-2089)  
Email: [info@unitedwayirc.org](mailto:info@unitedwayirc.org)

## Referral and Notes – OFFICE USE ONLY

This volunteer was referred to the following agencies:

Date	Request#	Agency	Contact Name	Contact's phone #

Notes:

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