



Senior Friendship Centers

1750 17th Street, Suite B-1
Sarasota, FL 34234
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<http://friendshipvolunteer.com>

Sarasota County Disaster Volunteer Registration Form

Mr. ___ Mrs. ___ Ms. ___ Name _____ Birthday _____ Today's day _____

E-mail address _____ Day Phone _____ Evening Phone _____ Cell _____

Home Address _____ City _____ State _____ Zip _____

Emergency Contact _____ Relationship _____ Emergency Phone _____

Your Occupation _____ Employer _____

Business Address _____ City _____ Zip _____

Are you a year-round Florida resident (Y/N)? _____ Months you are available _____

When are you available to volunteer? S ___ M ___ T ___ W ___ T ___ F ___ S ___ AM ___ PM ___ Both AM/PM ___

If you have any health limitations, please explain _____

I am willing to volunteer in: _____ this county _____ a neighboring county _____ anywhere in Fla. _____ anywhere in the U.S.

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

Please check all skills, services or trainings that apply.

MEDICAL

___ 110 Doctor Specialty: _____

___ 120 Nurse Specialty: _____

___ 130 Emerg. Medical cert.

___ 140 Mental health counsel.

___ 150 Veterinarian

___ 160 Veterinary technician

COMMUNICATIONS

___ 210 CB or ham operator

___ 220 Telephone receptionist

___ 230 Own a cell phone

___ 240 Own a skyphone

___ 250 Public relations

___ 260 Web page design

LANGUAGE other than English:

___ 261 French

___ 262 German

___ 263 Italian

___ 264 Spanish

___ 265 Ukrainian

___ 266 Russian

___ 267 Amer. Sign Lang.

___ 268 Chinese

OFFICE SUPPORT

___ 310 Clerical - filing, copying

___ 320 Data entry
Software: _____

___ 330 Phone receptionist

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

___ 460 Animal care

___ 461 Pet Shelter Volunteer

___ 465 Runner

___ 470 Case Worker

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: _____

TRANSPORTATION cont.

___ 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 in Labor force

EQUIPMENT

___ 810 Backhoe

___ 820 Chainsaw

___ 830 Generator

___ 840 Other: _____

Disaster Volunteer Registration Form (Side two)

Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless Friendship Volunteer Center and Senior Friendship Centers, Inc. as the coordinating agency, Sarasota County Government, State of Florida, the organizers, sponsors and supervisors of all disaster preparedness, response, mitigation and recovery activities from all liability for any and all risk of damage or bodily injury or death or property damage, including any injury or damage caused by negligence, in connection with any volunteer disaster effort in which I participate or which may arise from my participation in volunteer disaster efforts or from my presence on a Sarasota County site or in Sarasota County vehicles as part of said participation. I likewise hold harmless from liability any person or agency transporting me to or from any disaster preparedness, response, mitigation, recovery and relief activities. In addition, disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes without compensation paid to me. I will abide by all safety instructions and information provided to me during disaster relief efforts. I understand and agree that failure to abide by such safety instructions and information may result in my immediate dismissal from the Disaster Volunteer Program, without recourse.

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 _____

Parent or Guardian, if under 18 _____ Date _____

Volunteer's identification and credentials were recorded as presented. Verification of credentials is the responsibility of the receiving agency or ESF.

Driver license number _____ State issued _____ Expiration date _____

Verified by: Volunteer Reception Center Agent _____

This volunteer was referred to the following ESFs or agencies:

Date _____ Need # _____ ESF or Agency _____ Contact Name _____ Contact's phone # _____

Return this completed form to:

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