

Volunteer Wakulla



5 Crescent Way, Crawfordville, FL 32327 (850) 922-6290 (850) 922-2441

WHEN COMPLETED RETURN TO: FAX # (850) 926-8027
ATTN: STEVE SMITH

VOLUNTEER RECEPTION CENTER APPLICATION

Personal Information:

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____--_____

Day Phone: _____ Evening Phone: _____

Cell: _____ Fax: _____

Email: _____

Birth Date: ____/____/____ (mm/dd/yyyy)

Occupation & Employer: _____

Emergency Contact: _____

Relationship: _____

Emergency Telephone: _____

Office Use

Interviewer: _____

Orientation Date: _____

Volunteer ID#: _____

Position Assigned:

Supervisor:

Career/Volunteer Experience:

Please check your areas of interest, skill, and talent:

Administration/Org. Support _____

Animal Services _____

Communications/
Marketing _____

Construction/Home Maintenance _____

Counseling/Information Support _____

Criminal Justice/
Legal Services _____

Disaster/Emergency
Services Education _____

Education _____

Environmental _____

Food Preparation & Delivery _____

Family Services _____

Language/
Interpretation _____

Recreational Activities/Sports _____

Special Event
Support _____

Transportation _____

Volunteer
Coordination _____

Warehousing _____

Other Talents, Skills, and/or Hobbies:

Availability:

Hrs Avail.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Availability Details:

Are You Willing to Volunteer in:

- this county neighboring counties anywhere in Florida anywhere in the U.S.

Hear About VRC Through:

- Brochure Family/Friend Neighbor Community Leader
 Newspaper Radio Television Website Other: _____

Are you currently affiliated with any disaster relief agencies and/or community based organizations? If yes, please list the name of the organization.

References:

Please list the names, addresses, and telephone numbers of two personal references that you have known for a minimum of one year. (***Please do not use family members as a personal reference***).

Name: _____

Address: _____

City and State: _____ Zip Code: _____--_____

Phone: (Home) _____ (work) _____

Name: _____

Address: _____

City and State: _____ Zip Code: _____--_____

Phone: (Home) _____ (work) _____

Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless Volunteer Wakulla, Wakulla County, its officers, officials, employees and agents, other affected local governments, the 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 directly or indirectly (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, understand the contents thereof, and sign this release as my own free act.

Signature: _____ Date: _____

Guardian, if under 18: _____ Date: _____

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

Signature: _____ Date: _____

Office Use Comments: _____ _____ _____
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