

CBA/SBA HURRICANE MICHAEL RECOVERY VOLUNTEER REGISTRATION

Name: _____ Church: _____

Cell Phone #: _____ Other #: _____

Mailing Address: _____

City: _____ Zip: _____ Email: _____

Area of Service

Construction: Debris Removal ___ Chainsaw ___ Skilled Carpenter ___ Carpenter's Helper ___ Roof Repair ___
Electrical ___ Plumbing ___ Hang Sheetrock ___ Drywall ___ Painting ___ Other ___

Evangelism/Spiritual Encouragement:

Children's Ministry: BYBC/ VBS ___ Face Painting ___ Sports/Recreation ___ Teaching/Story-telling ___

Youth Ministry: Discipleship ___ Evangelism ___ Prayer/Spiritual Encouragement ___ Recreation ___

Adult Ministry: Discipleship ___ Evangelism ___ Prayer/Spiritual Encouragement ___

Cost: \$95 / \$195 per person includes: Lodging, Meals & Construction Supplies

Medical Information

Name: _____ Home Phone: (_____) _____

Address: _____

City/State: _____ Zip: _____

Work Phone: _____ Cell: _____

Email: _____

1 Contact Person: _____ Relation: _____

Home #: _____ Work: _____ Cell: _____

2 Contact Person: _____ Relation: _____

Home #: _____ Work: _____ Cell: _____

Family Physician(s): _____

Phone Number(s): _____

Insurance: _____

Policy #: _____

Medical History: Asthma ___ Sinusitis ___ Bronchitis ___ Dizziness ___ Diabetic ___ Kidney Disease ___

Headaches ___ Hay Fever ___ Allergies ___ Heart Condition ___ Date of last tetanus shot _____

Other(explain) _____

Food Allergies: No ___ Yes ___ If yes, what: _____

Special Diet: _____

I give Chipola Baptist Association, Inc. and Suwannee Missionary Baptist Association, Inc. my permission to capture photo / video images of myself or my child to be used in promotional materials or publications.

Signature _____ **Date** _____

Signature of Parent or Guardian _____ **Date** _____

Volunteer Liability Release and Waiver Form

In consideration of my desire to serve as a disaster relief volunteer with the Chipola Baptist Association, Inc. and the Suwannee Missionary Baptist Association, Inc., I hereby assume all responsibility for any and all risk of loss, personal injury, accident, misfortune, or damage to my person or property of any nature that I may sustain while participating in any voluntary effort, work or other activity, whether at the designated volunteer location or traveling to and/or from said location.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Chipola Baptist Association and Suwannee Missionary Baptist Association, Inc. and its officers, directors, employees, agents and volunteers of and from any and all claims or losses, personal injury, accident, misfortune, or damage to my person or property of any nature, which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising out of or in connection with such volunteer efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release and waiver 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.

Further, I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Date _____ **Signature** _____ **Print Name** _____

Parental Consent, Release and Waiver Form * If you 18 years of age or over, parental consent is **not** required.

I, the parent or guardian of _____, give my voluntary consent to his/her participation in Chipola Baptist Association, Inc. and Suwannee Missionary Baptist Association, Inc. Hurricane Michael Recovery Partnership.

I hereby release the Chipola Baptist Association, Inc. and Suwannee Missionary Baptist Association, Inc. and its officers, directors, employees, agents and volunteers from any and all liability resulting from any and all claims or losses, personal injury, accident, misfortune, or damage to his/her person or property of any nature that he/she may sustain on account of, by reason of or arising out of or in connection his/her participation in any voluntary effort, work or other activity, whether at the location or traveling to and/or from said location and hereby waive all such claims, demands and causes of action against any of the above.

In the event of an accident, injury, or illness, the Chipola Baptist Association, Inc. and the Suwannee Missionary Baptist Association, Inc. and its officers, directors, employees, agents and volunteers do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, disability, worker's compensation, property or automobile insurance. In the event of an accident, injury, illness or property damage, Suwannee Missionary Baptist Association, Inc. and its agents will make every effort to contact parents/guardians immediately if necessary.

Signature of Parent/Guardian _____ **Date** _____

Printed Name of Parent/Guardian _____ *Phone Number* _____

My permission is granted for Chipola Baptist Association, Inc. or Suwannee Missionary Baptist Association, Inc. to make decisions on my, or my child's behalf regarding necessary medical treatment in case of sickness or injury.

Signature _____ **Date** _____

Signature of Parent or Guardian _____ **Date** _____

_____ personally, appeared before me and in my presence signed this permission form.

Witness my hand of official seal this _____ day of _____ year _____

My commission expires _____ Signature of Notary Public _____