

AME Service And Development Agency (AME-SADA)
in cooperation with the AMEC Connectional Health Commission
Disaster Volunteer Registration Form (Please print clearly.)

Electronic Version [https://www.surveymonkey.com/s/AME Disaster Volunteer Registration Form](https://www.surveymonkey.com/s/AME_Disaster_Volunteer_Registration_Form)

Name _____ Day Phone _____

E-mail address _____ Evening Phone _____

Home Address _____ City _____ ST _____ Zip _____ Country _____

Emergency Contact _____ Relationship _____ Emergency Phone _____

Your Occupation _____

Business Address _____ City _____ Zip _____

Home Church _____ ED _____ PE Dist _____

When are you available _____

If you have any health limitations, please explain _____

I am willing to volunteer in: ___Haiti ___Malawi ___ in your country _____

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

Special skills and/or vocational/disaster training and experience: _____

Do you currently hold a valid passport? ___Yes ___No In order to be considered for overseas assistance, it is necessary to have a valid passport. You may not have the appropriate visa(s), but those are more readily obtained.

SKILLS: Please check all that apply.

| | |
|------------------------------|----------------------------|
| <u>MEDICAL</u> | |
| ___ 100 | Physician Specialty: _____ |
| ___ 110 | Nurse Specialty: _____ |
| ___ 120 | Psychiatrist |
| ___ 130 | Psychologist |
| ___ 140 | NP or PA |
| ___ 150 | Emerg. medical cert. |
| ___ 160 | Mental health counsel. |
| ___ 170 | Veterinarian |
| ___ 180 | Public Health |
| ___ 190 | Technician Type: _____ |
| <u>COMMUNICATIONS</u> | |
| ___ 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 | Creole |
| ___ 266 | _____ |
| ___ 267 | _____ |

| | |
|------------------------------|----------------------------------|
| <u>OFFICE SUPPORT</u> | |
| ___ 310 | Clerical - filing, copying |
| ___ 320 | Data entry Software: _____ |
| ___ 330 | Phone receptionist |
| <u>SERVICES</u> | |
| ___ 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 |
| ___ 465 | Runner |
| ___ 470 | Sanitation |
| ___ 475 | Water Purification |
| ___ 480 | Mortuary |
| <u>STRUCTURAL</u> | |
| ___ 510 | Damage assessment |
| ___ 520 | Metal construction |
| ___ 530 | Wood construction |
| ___ 540 | Block construction Cert. # _____ |
| ___ 550 | Plumbing Cert. # _____ |
| ___ 560 | Electrical Cert. # _____ |
| ___ 570 | Roofing Cert. # _____ |

| | |
|------------------------------|-----------------------------------------------|
| <u>TRANSPORTATION</u> | |
| ___ 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: _____ |
| ___ 670 | Swamp -Buggy |
| <u>LABOR</u> | |
| ___ 710 | Loading/shipping |
| ___ 720 | Sorting/packing |
| ___ 730 | Clean-up |
| ___ 740 | Operate equipment Types: _____ |
| ___ 750 | Have experience supervising others |
| <u>EQUIPMENT</u> | |
| ___ 810 | Backhoe |
| ___ 820 | Chainsaw |
| ___ 830 | Generator |
| ___ 840 | Fork Lift |
| ___ 850 | Hand Tools |
| ___ 860 | Other _____ |

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Release of Liability Statement

I, _____, without duress or coercion from anyone, being of sound mind do hereby on behalf of myself, heirs, executors, administrators and assigns, release, indemnify and hold harmless [AME Service and Development Agency, African Methodist Episcopal Church and its entities, 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 in connection with any volunteer disaster effort in which I voluntarily participate. I likewise hold harmless from liability any person transporting me to or from any disaster relief activity. In addition, I hereby authorize any disaster relief officials' permission to utilize any photographs or videos taken of me for publicity or training purposes without any enumeration to me. I agree to abide by all safety instructions and information provided to me during disaster relief efforts.

Further, I expressly affirm and agree that this release, waiver, and indemnity agreement and any portion therefore is valid.

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 will.

Signature _____ Date _____

Guardian, if under 18 _____ Date _____

Volunteer's credentials were recorded as presented. Verification of credentials is the responsibility of the receiving agency. If agency is AMEC, verification will be done by the receiving department. Further forms may be required, to include copies of licenses and passport/visa numbers.

We treat your registration information as private and confidential

Questions? Please email: mburnett@raphainc.net

Return this completed form to:
Dr. Miriam Burnett, Medical Director
AMEC Connectional Health Commission
PO Box 669934 Marietta, GA 30066
Fax (480) 393-4755
Email: mburnett@raphainc.net

Resources:
CDC Emergency Preparedness and Response <http://emergency.cdc.gov/>
CDC Guidance for Relief Workers and Others Traveling to Haiti for Earthquake Response
<http://wwwnc.cdc.gov/travel/content/news-announcements/relief-workers-haiti.aspx>

This volunteer was referred/deployed to the following area or agencies:

| Date | Area or Agency | Contact Name | Contact's phone # |
|------|----------------|--------------|-------------------|
| | | | |
| | | | |
| | | | |

| |
|------------------------------------------------------|
| For Office Use Only |
| Date Received _____ Screened by _____ Coded by _____ |
| Missing info _____ |
| Notes _____ |