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Day Volunteer

FLORIDA BAPTIST DISASTER RELIEF PERSONAL INFORMATION UPDATE
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Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Email address _____ Male or Female _____

Home Church: _____

Association: _____

Check any that apply:

☐ Pastor or Ordained Minister ☐ Certified Counselor/Chaplain ☐ Crisis Responded (CISM, NOVA, etc.)

Whom to notify in case of EMERGENCY:

Name: _____ Phone No.: _____

Relationship: _____

Are you allergic to any medications? Yes ☐ No ☐ If "Yes" list medications:

List other Allergies _____

Other Medical Information: _____

I agree to cooperate with Florida Baptist leadership and understand that I answer to my assigned team leader.

Signature

Date

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**FLORIDA BAPTIST RELIEF VOLUNTEER
WAIVER, RELEASE AND INDEMNITY AGREEMENT**

I HEREBY acknowledge that I am willingly and voluntarily entering into a ministry venture with other volunteers, both skilled and unskilled, for the purpose of assisting people who are victims of a natural disaster. I represent that I am acting in a strictly voluntary capacity, that I am paying my own expenses and providing my own insurance, both health and property.

I understand and acknowledge that the work I will be involved in may at times be hazardous and I assume all risks associated with my involvement in this disaster relief effort. I further acknowledge that accidents may occur on or about the disaster site and traveling to and from said site, involving motor vehicles, or tools and equipment. I understand that any motor vehicle in which I may be transported will be operated by licensed drivers, who may or may not be professional drivers.

I therefore waive, release, agree to indemnify and hold harmless the Florida Baptist Convention, it's agents, employees, representatives, and directors, the Disaster Relief team, any volunteers, any church(s) and any property owner(s) with whom I may be working, from any and all liability for claims, injuries, damages, losses, expenses of attorneys fees, actions or causes of actions which I have or may hereafter discover as a result of my participation in this relief effort.

I further waive, release, indemnify and hold harmless all parties herein and above mentioned from any claim, action, cause of action for damages, injuries or losses of any kind which my heirs, administrators, executors or assigns may attempt to assert on my behalf.

I further release all parties above mentioned for any losses or damage to vehicles, tools or equipment which I may own and have used in connection with this disaster site.

I understand that I am expected to provide my own insurance in the case of accident, illness or injury and that the Florida Baptist Convention does not provide insurance for volunteers. Personal liability insurance is the responsibility of the volunteer.

I agree that I will not use my affiliation with the Florida Baptist Disaster Relief effort to further my own "for profit" business or business venture.

I acknowledge that this Waiver, Release and Indemnity Agreement is fully understood by me and I voluntarily enter into this Agreement.

By signing this document, I grant permission to the Disaster Relief Team Coordinator to conduct a law enforcement background check, if he or she so desires.

Signed on this day _____/_____/_____ (mm/dd/year)

VOLUNTEER

WITNESS

Volunteer Signature

Witness Signature

Volunteer Printed Name

Witness Printed Name