## Good Shepherd Flood recovery Volunteer Registration Form

Volunteer info First name	Last name	_	
Address			
(cell)(v			
Email			
Gender M or F Name of group you ar	e registering with	1	
Health information:  Do you have any food or other allergies			
Do you have other medical conditions:			<del></del>
Any other concerns or previous injuries:			<del></del>
Is your tetanus immunization up to date? YES	NO Doy	ou have health insurance?	YES NO
Health insurance company			
Policy#	Group #	<u> </u>	
Emergency contact: (for emergency use only)			
Name	Relationship	Phone_	
assignments. These risks can be increased base with your family physician. Please be aware the medical insurance through Good Shepherd and IF UNDER 18 A PARENT/ GUARDIAN MUNDEMNIFICAT  I hereby give	JST SIGN BEL ION BY PARENT O (Name of moth. In consideration the pherd Lutheran day, actions, damager flood relief work. In a disaster are ections, causes of actions, causes of actions, causes of actions, causes of actions.	e not covered by the work on personal insurance police.  OW R GUARDIAN OF APPLICANT ainor) permission to participate on of my child being allowed to Church, its board of leadershipes, judgments, or suits of any a and that there are assumed attion, such voluntary services,	men's compensation or other cy.  The in volunteer flood relief efforts and the control of volunteer in such activity, I hereby to, representatives, employees, and kind which may arise or occur as a unforeseeable risks in working in a including illness, personal injury,
I hereby give permission to <b>Good Shepherd Lutheran</b> Shepherd Lutheran Church's media- based production And understand I will not be given creative license nor	Church to publish is for various prom	my child's photograph, images	s or videos of my child in any of Goo
Signature of Parent or Guardian		Date	:
FOR OVER 18 SIGN BELOW: As a volunteer for flood relief through Good Shepherd Shepherd Lutheran Church, its board of leadership, redemands, actions, damages, judgments, or suits of any flood relief. Furthermore, I understand that I will be wat disaster area. I, therefore, waive any and all claims, death, property damage, compensations and agree to I hereby give permission to Good Shepherd Lutheran Lutheran Church's media-based productions for variounderstand I will not be given creative license nor compensations.	oresentatives, emp	oloyees, and agents from any a rise or occur as a result of my r area and that there are assu- action, such voluntary service d harmless Good Shepherd ar my photograph, images or vid	and all liability, debts, claims, participation and work in volunteer med unforeseeable risks in working s, including illness, personal injury, and all her entities.  eos in any of Good Shepherd

Date

Signature of volunteer over 18

Name:	Name:Group name												
<u>Volun</u>	teer	<u>skills</u>	inve	entory:									
Rate y				xperience: 0	no experien	ce	1 some	exp	erien	ce	2 much	experience	
0	1	2	3	Electrical			0	1	2	3	Tilir	ng	
0	1	2	3	Plumbing			0	1	2	3	Dry	Walling/sheetro	ck
0	1	2	3	Mudding			0	1	2	3	Тар	oing	
0	1	2	3	Painting			0	1	2	3	Wo	od flooring	
0	1	2	3	Carpentry sk	ills		0	1	2	3	Wir	ndow/ door frami	ng
0	1	2	3	Cabinet insta	allation		0	1	2	3	Lan	dscape	
Ot	ther n	ot lis	ted_										_
Ple	ease	mark	ALL	licenses/ cert	tifications yo	u hav	ve:						
	Arch	itect				Е	lectrician					Forklift opera	itor
	Plum	nbing	I		☐ Gen	eral	contracto	r			☐ HV	AC tech	
	Doct	tor/ r	nurse		☐ Skid	d Ioa	der						
Ot	ther _												
Ha	ave y	ou ev	er h	elped in a dis	aster area be	efore	? YES	N	O If	yes,	where_		
If :	yes, v	what	pha	se of recovery	did you assi	st w	ith? (mar	c all	that	арр	ly)		
M	uckin	g/ cle	eanir	g out homes									
Ge	enera	loute	door	clean up									
Dr	ying	out/ :	sanit	izing homes									
Ge	enera	l rebi	uild										
Ot	her_												
FC	OR UI	NDEF	R 18:	For power to	ool use/ perm	nissio	n (please	che	ck a	ppro	priate b	ox and sign belo	ow)
	_			ion for my chil apply)	d (a minor) to	use	the follow	ving	pow	er to	ools:		
рс	wer (	drill	s	crew gun s	aber saw	belt	sander	C	ircula	ar sa	w re	ciprocating saw	rotary toc
	Мус	child	DOE	S NOT have p	ermission to	use A	<b>ANY</b> pow	er to	ools				
 Pa	rents	signa	ture				ate						

Thank you, as this will help us utilize your skills to assist specific homeowners and their needs.