



## FORM 2

### PARTICIPANT LIABILITY RELEASE FORM

*Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with The United Methodist Church Florida Conference Disaster Recovery Ministry.*

I, \_\_\_\_\_ acknowledge and state the following: I have chosen to travel to perform clean-up/construction work designed to repair disaster damage. I understand this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand this is a "grass roots" activity to support individuals adversely affected by Hurricane/flood disaster or receiving assistance to repair or replace substandard housing.

I assume all risk and responsibility for any damage or injury and related medical costs and expenses to my property or any personal injury, which I may sustain while involved in this project.

In the event that my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property nor will they provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

I understand the confidential nature of this work and understand that private or personal information gained while working with homeowners is to be held in confidence unless permission to share has been granted.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold The United Methodist Church Florida Conference Disaster Recovery together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dates of work team or dates covered by this liability form: \_\_\_\_\_

Church or Organization Name: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



## FORM 3

### Individual Skills Survey Sheet

Team Leader \_\_\_\_\_

Church/Organization \_\_\_\_\_

Work Week \_\_\_\_\_

Name \_\_\_\_\_ Adult \_\_\_\_\_ Youth \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email Address \_\_\_\_\_

**Please identify skills utilized and rate the skill level as listed below.**

Tile Work	_____	<b>A – Willing Helper</b>
Landscape	_____	<b>B – Do-It-Yourselfer</b>
Electrician	_____	<b>C – Extensive handy person, no trade experience</b>
Chainsaw	_____	<b>D – Worked trade previously</b>
Painting	_____	<b>E – Working trade currently as helper, etc.</b>
Roofing	_____	<b>F – Licensed</b>
Plumbing	_____	
General Contractor	_____	(Specify what trade) _____
Drywall	_____	(Hanging, finishing)
Carpentry	_____	(Interior, framing, exterior)
Mason	_____	(Tile setter, block layer, plasterer)
Heating/AC	_____	
Insulation	_____	
Kitchen Cabinets	_____	
General Helper	_____	
Other	_____	(Specify) _____

What are you interested in doing? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_



## FORM 4

**Medical Information For Individual Volunteers**  
**The team leader or his/her designee should retain a copy of this form and have it with them while serving.**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Name of Contact Person & What Relationship to volunteer: \_\_\_\_\_

Phone Number of Contact Person: \_\_\_\_\_

Allergies: \_\_\_\_\_

I am diabetic: Yes \_\_\_ No \_\_\_ I have a history of seizures: Yes \_\_\_ No \_\_\_

Information about any prescriptions currently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide any pertinent health information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physical limitations or concerns: \_\_\_\_\_

\_\_\_\_\_

My health insurance company is: \_\_\_\_\_

Policy number: \_\_\_\_\_

I consider myself healthy enough to fulfill my responsibilities on the team: Yes \_\_\_ No \_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_