

Arizona Southern Baptist Disaster Relief

2018

Name:

EMAIL

Address:

Check One:

- I am **New** to Arizona Disaster Relief
- I am already a part of Arizona Disaster Relief and have taken **Chaplaincy** before.
- I am already a part of Arizona Disaster Relief but have **not** taken Chaplaincy.

In order to serve with Arizona Southern Baptist Disaster Relief, you must...

- Complete this forms packet and turn it in
- Complete a background check (if you have not done so with us for 3+ years)
- Send in your photo taken for your badge

Disaster Relief Volunteer Information Form

Training 2018

Name:		
Date of birth:	Phone:	Church:
Current address:		
City:	State:	ZIP Code:
Emergency Contact:	Name:	Phone:
Medical Restrictions:		
Occupation:	Gender: M / F	T-shirt Size:
Have you taken Chaplaincy? Y / N	Email:	

Please check any of the following which you currently have:

- Passport
- CDL License For: _____
- Ham Radio License
- Maricopa County Food Handler's Card
- Serve Safe Kitchen Manager Certification Exp Date: _____

Volunteer Agreement with State Disaster Relief Director

As a volunteer member of the Arizona Disaster Relief Team, I agree that, as my availability and ability allow, I am expected to:

1. Keep current my address, phone number and email address.
2. Complete the required training and renew required training a minimum of every 3 years; take optional training which will increase my usefulness as a team member.
3. Take responsibility for my spiritual mental preparation as a disaster relief volunteer, as well as my work skills needed at the disaster site.
4. Represent my Lord and Savior, church, fellow Christians and team as Christ would want, in my attitude, behavior, speech, dress and work.
5. Wear official disaster relief apparel and display the SBC Disaster Relief logo only as prescribed and only while engaging in a relief event.
6. Protect my health and safety and the health and safety of victim, coworkers, and all other persons while en route to or from and while at a disaster site; inform on-site team leader of any physical limitations to be considered in my work assignments.
7. Inform the state director or division manager of my availability for a disaster response.
8. Take initiative to improve my usefulness; increase my availability by making adjustments in my other responsibilities to serve as a disaster relief volunteer.
9. Pay my own expenses, arrange my own transportation and bring clothing, bedding, and personal items I will need at the disaster site.
10. Purchase accident and liability insurance and provide insurance and health information to appropriate people at the disaster site.
11. Assist with unit preparation, training events, and non-emergency use of the unit, as my availability and ability allow.
12. Sign a release and indemnity document if required.

Therefore, I, _____, volunteer to do my best to help carry out the purpose of SBC Disaster Relief in the manner stated above

Date: _____ Signature: _____

Please Print Name: _____