



Introduction to Disaster Relief Training

Training Date: _____

Registration Form

NAME as it appears on Driver's License:					
Preferred Name: (Name you want to be called)		Date of Birth:		____/____/____ <small>M M / D D / Y Y Y Y</small>	
Phone 1: (Primary)	(____)____-____	Phone 2:	(____)____-____	Male:	Female:
Mailing Address:					
City, State, Zip:					
Email Address:					
Church:		Association:			

Choose Training Package:

___ Single \$45.00	\$45 Covers the cost of: manual (emailed); 1 cap; 1 T-shirt, 1 clip/badge; 1 background check; PLEASE STATE SIZE: _____
___ Recertification \$17.00	\$17 Covers the cost of: 1 badge; 1 background check; PLEASE STATE SIZE: _____
Total \$ _____	CASH \$ _____ CHECK # _____

UISBC Disaster Relief Apparel Order Form:

Quantity	Item	Size	Price	Total
___	T-Shirts:	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	\$12 each	___
___	Long Sleeved T-Shirts:	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	\$14 each	___
___	Standard Caps		\$ 7 each	___
___	Low Profile Caps		\$10 each	___
___	Polo Shirts:	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	\$15 each	___
___	Sweatshirts:	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	\$25 each	___
___	Windbreakers:	<input type="checkbox"/> Sm <input type="checkbox"/> Med <input type="checkbox"/> Lg <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL	\$30 each	___
___	Aprons:		\$10 each	___
___	Lanyards: (limited supply available)		\$ 5 each	___
___	Replacement Badges:		\$5 each	___
ADD \$6.00 IF ORDER IS BEING SHIPPED			\$6	___
			TOTAL	___
			Cash:	___
Make checks payable to: UISBC – DR Check #:				___

5/22/2017

Please return this form with payment to:

Utah-Idaho SBC - Disaster Relief Registration
P.O. Box 1347, Draper, UT 84020



**Utah/Idaho Southern Baptist Convention Disaster Relief
Personal and Medical Information Form**

Volunteers are requested to provide the following information to the Convention Disaster Relief Director and to give to the Unit Director upon arrival at the disaster work location.

Name _____ E-mail _____

Address: (street) _____

(city) _____ (state) _____ (zip) _____

Phone – Home () _____; Work () _____; Cell () _____

Occupation _____ Date of Birth _____

Marital Status _____ Spouse's Name _____

Home Church _____

Address _____

Phone _____ Church Association Name _____

Emergency Contacts (please list two people)

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Health Information

Medications _____

Allergies _____ Date of Last Tetanus Shot _____

Health Insurance Company _____ Group/Policy _____

Release and Indemnity Agreement

I do hereby represent and acknowledge I am entering a missionary venture with others; as a volunteer I am paying my own expenses for the purpose of helping in times of disaster for the glory of God and to demonstrate my faith in Christ; that the work may at times be hazardous and somewhat arduous and will be performed by concerned volunteers and qualified professionals trained in disaster relief work; that vehicles transporting these volunteers will be operated by licensed volunteers, who may or may not be professional drivers.

I do hereby agree to provide proof of current automobile insurance, such as a copy of an insurance card, with coverage required by state law to appropriate disaster relief persons as may be requested if I will be operating a motor vehicle.

I do hereby agree to provide relevant health information and, if covered by health insurance, a copy of the health insurance card as may be requested. I acknowledge that neither the disaster relief organization nor the Utah-Idaho Convention will provide medical insurance for me and I agree that medical expenses incurred on my behalf will be my responsibility. I also agree that personal liability is my responsibility as a volunteer.

I recognize and acknowledge potential accidents at the disaster site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the disaster relief team; am fully aware of possible injuries to members of the disaster relief team, including myself.

Therefore, I desire to protect, release, acquit, indemnify and hold harmless from any and all claims, injuries, damages, losses, expenses or attorney fees incurred by me, my heirs, administrators, executors or assigns.

For and on behalf of myself, my heirs, administrators, executors, assigns and all other persons, firms, or corporations, I do hereby release and discharge from liability all other persons on the disaster relief team with me, those who notified, selected or assigned me to said team, the UT-ID state Disaster Relief director or department, the Southern Baptist Convention, their employees and representatives, successors or assigns, from any claims, demands, damages, actions, causes of actions which I, the undersigned, have or may hereafter, and on account of, or any way growing out of injuries or damages both to persons or property resulting or that may hereafter result from the voluntary venture.

This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purpose herein above stated.

Witnessed, my hand on this the _____ day of _____ 20____.

Volunteer Print Name:

Signature: _____

Witness Print Name:

Signature: _____

Utah-Idaho Southern Baptist Convention Disaster Relief Volunteer Agreement

As a volunteer member of the Utah-Idaho Disaster Relief team, I agree that, as my availability and ability allow, I am expected to:

1. Complete a disaster relief skill checklist, and keep current my (a) address and phone number, (b) availability status, and (c) skills and abilities.
2. Complete the required training and renew required training a minimum of every three years; take optional training which will increase my usefulness as a team member.
3. Take responsibility for my spiritual and 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 victims, co-workers and all other persons while traveling to or from and while at the disaster site; inform on-site team leaders of any physical limitations to be considered in my work assignments.
7. Inform the Convention Director of my availability for a disaster response.
8. Take initiative in order to improve my usefulness; increase my availability by making adjustments in my other responsibilities in order to serve as a disaster relief volunteer.
9. Pay my own expenses, arrange my own transportation and bring clothing, bedding and personal items I'll need at the disaster site.
10. Provide proof of current automobile insurance, such as a copy of an insurance card, with coverage required by state law to appropriate disaster relief persons as may be requested if operating a motor vehicle;
11. Provide relevant health information and, if covered by health insurance, a copy of the health insurance card as may be requested.
12. Assist with unit preparation, training events and non-emergency use of the unit, as my availability and ability allow.
13. Sign a Release and Indemnity document, if requested.

Therefore, I, _____, volunteer to do my best to help carry out the purposes of the UT-ID SBC Disaster Relief in the manner stated above.

Date _____ Signature _____