



## 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 Alabama-West Florida Conference Disaster Recovery.*

I, \_\_\_\_\_ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair disaster damage.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities my 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 that this is a "grass roots" activity to support individuals adversely affected by Hurricane/flood or tornado disaster or are receiving assistance to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

*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 and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.*

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold The United Methodist Church North Alabama 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** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **WITNESS** \_\_\_\_\_

**ORGANIZATION OR CHURCH NAME:** \_\_\_\_\_

**Alabama-West Florida Conference**  
**Office of Connectional Ministries**  
 100 Interstate Park Drive  
 Suite 120  
 Montgomery, AL 36109  
**Phone:** 334.356.8014  
**Toll-Free:** 888.873.3127  
**Fax:** 334.356.8029  
**E-mail:** [awfcrc@awfumc.org](mailto:awfcrc@awfumc.org)



**MEDICAL INFORMATION  
FOR INDIVIDUAL VOLUNTEERS  
(Every Volunteer Needs to Fill Out This Form)**

***Please complete the following and give to mission leader. Please print.  
MISSION TEAM LEADER SHOULD RETAIN THIS FORM ON SITE TO USE IN CASE OF EMERGENCY.***

Name \_\_\_\_\_

1. Blood type \_\_\_\_\_
2. Current prescriptions I take: \_\_\_\_\_

3. I am allergic to: \_\_\_\_\_

4. Name of person to contact: \_\_\_\_\_  
StreetAddress \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (work) \_\_\_\_\_ (Home) \_\_\_\_\_  
Relationship to volunteer \_\_\_\_\_

5. My health insurance company is \_\_\_\_\_  
a. Policy number \_\_\_\_\_

6. Physical limitations or concerns: \_\_\_\_\_

7. I am diabetic: Yes \_\_\_\_\_ No \_\_\_\_\_

8. I have a history of seizures: Yes \_\_\_\_\_ No \_\_\_\_\_

9. Please provide other helpful health information: \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE OF VOLUNTEER

## Early Response Team Volunteer Data Form

By my signature below, I consent to the recording and use of the personal data I am providing for the Early Response Team Volunteer Database, utilized by designated, password-authorized persons in the Alabama-West Florida Conference, United Methodist Volunteers in Mission (UMVIM), and United Methodist Committee of Relief programs. A voluntary service, the Early Response Team Volunteer Database provides information for volunteer recruitment, placement, and communication. I may obtain a copy of and/or request the deletion of my data by contacting the Alabama-West Florida Conference by signature request. After one (3) years of no data activity, my personal data may be deleted. I release the North Alabama Conference and all Early Response Team Volunteer Database-authorized users from all legal responsibility for the use of my personal data unless they have recklessly misused the information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (m/d/y)

### UMCOR Trainings *Please check all of the appropriate boxes of the following statements.*

I am a **Participant (P)** of and/or I am **Interested (INT)** in the following programs:

**P** **INT**

- Early Response Team training Badge expiration date: \_\_\_/\_\_\_/\_\_\_  
  Basic Training Academy  
      Case Management    Crisis Management    Shelter Management  
      Disaster Coordinator    ERT Trainer    Care Team  
  UMVIM Team Leader Training If trained, date of training: \_\_\_/\_\_\_/\_\_\_

### Basic Data- Please Print

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. Legal First Name		Middle Initial		Last Name	
<input type="checkbox"/> Rev. <input type="checkbox"/> Dr. <input type="checkbox"/> Other					
Preferred First Name		DOB (m/d/y) / /	Occupation/Profession		[ ] Active [ ] Retired
<input type="checkbox"/> I have completed AIWFL Conference Safe Sanctuary Background Check Expires (m/d/y) / /					
Name of Place of Worship (church, temple, synagogue, etc.)			Phone	Denomination	
I can be contacted if my skills might be needed. <input type="checkbox"/> Anytime <input type="checkbox"/> One week's notice <input type="checkbox"/> One month's notice <input type="checkbox"/> Never I am available <input type="checkbox"/> Anytime <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends I prefer to be contacted by <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> E-mail How many Early Response Teams have you participated in the past 10 years? Number _____ How many Disaster Recovery Teams have you participated in the past 10 years? Number _____					
Primary Emergency Contact:	Full Name (and Address if desired)			Relationship  Phone	
Secondary Emergency Contact:	Full Name (and Address if desired)			Relationship  Phone	
<input type="checkbox"/> Work Address	Street		City	Zip Code	
<input type="checkbox"/> Home Address					
Home Phone			Fax		
Cell Phone			E-mail Address		

<p align="center"><b>Administrative</b></p> <input type="checkbox"/> Clerical <input type="checkbox"/> Documentation <input type="checkbox"/> Inventory Management <input type="checkbox"/> Organizational <input type="checkbox"/> Photography <input type="checkbox"/> Warehousing/Distribution	<p align="center"><b>Medical</b></p> <input type="checkbox"/> Crisis Counselor <input type="checkbox"/> CPR Trained <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Assistant <input type="checkbox"/> EMT <input type="checkbox"/> LPN <input type="checkbox"/> Mental Health Professional <input type="checkbox"/> Mortician <input type="checkbox"/> Optometrist <input type="checkbox"/> Physician <input type="checkbox"/> RN <input type="checkbox"/> Other _____																																																																																																																				
<p align="center"><b>Communication</b></p> <input type="checkbox"/> Certified Ham Radio Operator <input type="checkbox"/> Media Liaison <input type="checkbox"/> Repairs	<p align="center"><b>Miscellaneous</b></p> <input type="checkbox"/> Fire Suppression																																																																																																																				
<p align="center"><b>Construction Skills</b></p> <table border="0"> <thead> <tr> <th align="left">Skills</th> <th align="center">Prof.</th> <th align="center">Interm.</th> <th align="center">Novice</th> </tr> </thead> <tbody> <tr><td>Builder</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Carpentry</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Cleanup/Debris Removal</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Concrete/Paving</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Drywall</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Electrical</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Flooring</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>General Contractor</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>General Laborer</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Glass Glazing</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Heating/Air</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Heavy Equipment</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Insulation</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Masonry</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Painting</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Plastering</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Plumbing</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Roofing</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Tile Setting</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Welding</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Other _____</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Other _____</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> </tbody> </table>	Skills	Prof.	Interm.	Novice	Builder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleanup/Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concrete/Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drywall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Laborer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Glass Glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heating/Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tile Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p align="center"><b>Personal Contact</b></p> <input type="checkbox"/> Greeter <input type="checkbox"/> Counselor <input type="checkbox"/> Listener <input type="checkbox"/> Stephen Minister <input type="checkbox"/> Language other than English <table border="0"> <thead> <tr> <th></th> <th align="center">Begin</th> <th align="center">Int</th> <th align="center">Fluent</th> </tr> </thead> <tbody> <tr><td>French</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Portuguese</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Russian</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Spanish</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> <tr><td>Other _____</td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td><td align="center"><input type="checkbox"/></td></tr> </tbody> </table>		Begin	Int	Fluent	French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skills	Prof.	Interm.	Novice																																																																																																																		
Builder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Cleanup/Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Concrete/Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Drywall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
General Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
General Laborer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Glass Glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Heating/Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Heavy Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Plastering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Tile Setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Welding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
	Begin	Int	Fluent																																																																																																																		
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Portuguese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																		
<p align="center"><b>Counseling</b></p> <input type="checkbox"/> Adult <input type="checkbox"/> Children <input type="checkbox"/> General <input type="checkbox"/> Grief <input type="checkbox"/> Youth	<p align="center"><b>Transportation</b></p> <input type="checkbox"/> CDL Licensed <input type="checkbox"/> Disaster Trailer Transport <input type="checkbox"/> Loading/Unloading Trucks																																																																																																																				
<p align="center"><b>Food</b></p> <input type="checkbox"/> Cleanup <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Serving	<p align="center"><b>Tree/Lumber Specialist</b></p> <input type="checkbox"/> Chainsaw Certified <input type="checkbox"/> Chainsaw Experienced <input type="checkbox"/> Cutting <input type="checkbox"/> Heavy Equipment Operator <input type="checkbox"/> Removal <input type="checkbox"/> Trimming																																																																																																																				
<p align="center"><b>Hazardous Materials</b></p> <input type="checkbox"/> Evaluation <input type="checkbox"/> Removal	<p align="center"><b>Team Assignment</b></p> <input type="checkbox"/> Team Leader <input type="checkbox"/> Assistant Team Leader <input type="checkbox"/> Logistics Manager <input type="checkbox"/> Base Camp Commander <input type="checkbox"/> Equipment maintenance <input type="checkbox"/> Designated Listener <input type="checkbox"/> Clerical Support <input type="checkbox"/> Communication Support <input type="checkbox"/> General																																																																																																																				
<p align="center"><b>Mechanical</b></p> <input type="checkbox"/> Engine Maintenance <input type="checkbox"/> Equipment Maintenance																																																																																																																					

## Safe Sanctuary Covenant Statement

I have already complied with the requirements of this Safe Sanctuary Policy and provided this information. My background report is on file with the Alabama-West Florida Conference Office of Connectional Ministries.

I have read, received a copy, and agree to abide by the Alabama-West Florida United Methodist Volunteers in Mission Safe Sanctuary Policy.  No  Yes

Have you ever been convicted of, or pled guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse or neglect, other crimes of violence, theft, or motor vehicle violations)?  No  Yes

If yes, please explain fully:

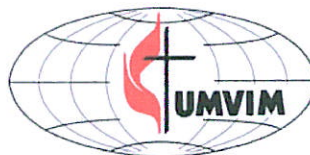
\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

**All teams should register with the Alabama-West Florida Conference United Methodist Volunteers in Mission Coordinator (Project Commitment and Team Leader Agreement).**

**There is a processing fee per person. Please make checks payable to Alabama-West Florida Conference and return with a signed copy of the Safe Sanctuary Covenant Statement.**

**Background report release forms, payment, and a team roster should be sent to:**



UNITED METHODIST VOLUNTEERS IN MISSION  
*Christian Love in Action!*