

Team Hope Volunteer Registration Form 5360 I-55 South Byram, MS 39272 601-373-1943 Ext 9

Name	Birth Date	_ Phone
E-mail		
Address		
City	StateZip	Code
Emergency Contact Person		
Relationship	Emergency Phone #	
Your Occupation		
Skills (Please mark all that apply)		
Clerical – filing, copying Data entry – Software: Phone receptionist SERVICES Food Assistance to elderly. Child care Spiritual counseling Social work Search and rescue Auto repair/towing Traffic control Crime watch Animal rescue Animal care Runner Functional needs support STRUCTURAL Model Construction Wood construction Block construction Plumbing	MEDICAL Doctor Nurse Emergency medical cert. Mental health counseling Veterinarian Veterinary technician COMMUNICATIONS CB / ham operator Hotline operator Social Media Public relations Web page design Public speaker Language other than English: French German Italian Spanish Russian Creole Creole	Equipment ATV Own off-road veh/4wd Own truck, description: Own heavy equipment Tractor, Skid Steer, Forklift Commercial driver LABOR Loading/shipping Sorting/packing Clean-up Operate equipment – Types: Have experience supervising others EQUIPMENT Chainsaw Backhoe Generator Other:

(Please print clearly)

Please list any other skills that are not listed			
Release of Liability Statement			
I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless the MS District Assemblies of God Disaster Response, State of, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer disaster effort in which I participate. I likewise hold harmless from liability any person transporting me to or from any disaster relief activity. In addition, disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me during disaster relief efforts.			
Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.			
I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.			
I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.			
Signature	Date		
Guardian, if under 18	Date		
Return this completed form to:			
Team Hope 1 Dixie Lane Sherman, MS 38828			
Or email it to			
rbingham@myteamhope.net			