

## LOUISIANA BAPTIST DISASTER RELIEF VOLUNTEER INFORMATION

Today's Training Date	Tr	aining Location	
REGISTRATION OPTIONS			
New Volunteer: \$35  Includes background check, training materials, ID badge, hat, shirt and lunch	☐ Renewal: \$15  Includes background check and ID badge (renew every 5 years)	☐ ID Badge: \$5 (renew every 5 years)	☐ Hat: \$7
Chaplain 1: \$35  Includes background check, training materials, ID badge, hat, shirt and lunch. Typically taught on Friday.	☐ Background Check: \$10 (renew every 5 years)	☐ Cross Training: Free	☐ <b>T-Shirt: \$8</b> T-Shirt Size:
Operational Safety & First Aid. Typically taught on a Saturday.	Did you prepay online?	∕es □ No	
Please check the <b>ONE</b> training  Chainsaw/Blue Tarp  Chaplain	class you are attending <b>TODA</b> ☐ Feeding ☐ Mud Out/Ash Out	<b>Y:</b> ☐ Shower/Laundry	Previous training required for these  ☐ Assessment ☐ OSFA
Are you any of the following?	☐ College Student ☐ Milir☐ Church Disaster Relief Lea	_	
CONTACT INFORMATION			
CONTACT INFORMATION Full Name			
Full Name		Birthday	
Full Name Perferred Name		Birthday	_ Zip
Full Name  Perferred Name  Address  Cell	Email	Birthday	_ Zip
Full Name  Perferred Name  Address	Emailial Information: Each voluntee coverage is provided voluntee	Birthday  Association er is expected to have insurances by the Louisiana Baptist Co	_ Zipce in case of accident,
Full Name  Perferred Name  Address  Cell  Church Membership  Emergency Contact and Med injury, or illness. NO insurance	ial Information: Each voluntee coverage is provided voluntee ering. Personal liability is the re	Birthday  Association er is expected to have insurances by the Louisiana Baptist Coesponsibility of the volunteer.	ce in case of accident, envention or the team on
Full Name  Perferred Name  Address  Cell  Church Membership  Emergency Contact and Med injury, or illness. NO insurance which the individual is volunteed.	Email  ial Information: Each voluntee coverage is provided voluntee ering. Personal liability is the reference of the provided voluntee or	Birthday  Association er is expected to have insurance are by the Louisiana Baptist Coresponsibility of the volunteer.  France Company	_ Zipce in case of accident, envention or the team on
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## SOUTHERN BAPTIST DISASTER RELIEF 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, including insurance, 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 recognize and acknowledge potential accidents at the disaster site, involving motor vehicles, in or about the living, sleep-ing and eating areas, or during activities of the disaster relief team; am fully aware of possible injuries to members of the dis-aster 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 Louisiana Baptist Convention, state Disaster Relief director or department, Baptist Con-vention, 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.

VOLUNTEER	
Print Name	
Witnessed, my hand on this the	day of 20
WITNESS	
Print Name	Sign Name
OFFICE USE	
Date entered in system	Signature