Database Assigned ID\_\_\_\_\_\_\_\_\_\_\_\_\_

### Cleanup Volunteers

# Individual Volunteer Intake Form

Date: / / Office working with them Completed by:

**Volunteer Name**:

(First) (Last)

Address:

Address City St Zip

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ □ male □ female □ youth under 19 years □ youth release signed

Home Phone: ( ) work: ( ) Mobile:( )

Email:

**Arrival date** \_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_ **Departure date** \_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_

Need housing? No Yes 🡪 from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Will pay for lodging? No Yes local lodging at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Need meals? No Yes

Need RV hookup? No Yes 🡪 Self-contained? Yes No

Do you need transportation to work site? No Yes

Previous disaster experience? No Yes (where)

Are you a member of Thrivent Financial for Lutherans? No Yes

Member of fraternal benefit organization? No Yes 🡪 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health issues:

Date of last tetanus\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ 🞏 need shot updated

Skills Survey

##### Food services

* Work on food wagon
* Preparation
* Cook
* Serve/clean up

##### Heavy Equipment

* CDL licensed
* Backhoe
* Bobcat/skid loader
* Bulldozer
* Heavy Truck driver
* Mechanic
* Farm Tractor/wagon

##### General labor

* Team Leader
* Board windows
* Child care provider
* Debris removal
* Lifting/removal capability
* Less than 15 pounds
* Less than 30 pounds
* Appliances
* Carpet
* Furniture
* Tarp roof
* Temporary repairs
* Tree removal

##### Office - General

* Communications
* 2 way radio operator
* Computer – advanced skills
* Computer Data entry
* Damage Assessment
* Hospitality
* Intake – Client
* Intake - Volunteer
* Job Assignment Coordinator
* Job Inspector
* Operations Coordinator
* Orientation
* Receptionist
* Transportation coordinator
* Transportation – driver

##### Professional Skills

* Clergy
* Contractor
* Counselor
* Crisis Counselor
* Electrician
* Engineer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Lay Minister
* Medical Doctor
* Nurse
* LPN
* RN
* Parish
* Plumber
* Stephen Minister
* **Trained Disaster Worker**
* First Aid
* CERT trained
* Homeland Security Clearance
* Immediate Responder

Professional Licenses and where

##### Other skills not listed

* American Sign Language
* Interpreter for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

# Participant Liability Release Form

Please read before signing.

I, , acknowledge and state the following: I have chosen to travel and perform clean-up work from the flooding.

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 may take place other than on 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 assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

I understand the need for confidentiality and will not discuss, photograph or otherwise disclose identifying information about the occupants of the house I am working in without prior permission from the volunteer coordinator and the family. This includes any reference to names, addresses, or other identifiable information.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold Lutheran Social Services of South Dakota, together with their officers, agents, servants, volunteers and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Signature of volunteer Date*