

CSB Disaster Relief - Personal Information Update

Each Volunteer Completes First Day of Service on Each Deployment

Print and sign - bring with you. Email to DeployDR@csbc.com



DR # or Job Name _____ Date _____

Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Cell / text Phone _____ Email address _____

Church _____ Association _____

Emergency Contact Information

Name _____ Relationship _____ Contact Phone Number _____

Medical History

Are you allergic to any medication: YES NO If yes, what? _____

General health _____

Limitations _____

Any history or subject to the following: Bad back YES NO Appendix removed?

Trick knee Diabetes Heart disease YES NO Tetanus shot update?

Weak ankles Epilepsy Hypertension Other: _____

Medications you are currently taking and the condition it treats: _____

Allergies (food, drugs, other): _____

Medical Treatment Received in the Past Year: _____

Have you been exposed to any contagious disease in the past 6 mos: YES NO If yes, what? _____

Primary Health Insurer _____ Group/Policy # _____

Physician's name _____ Physician's Address/Phone _____

Release and Indemnity Agreement Having fully read the Release and Indemnity Agreement on the other side of this form, this waiver, release, and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein stated.

Print Name _____ Date _____ Signature _____

Vehicle Information:

License Number: _____

Make of Vehicle: _____ Model of Vehicle: _____

Color of Vehicle: _____ Year of Vehicle: _____

DR trained SUV

Consent I hereby give permission to receive emergency medical attention from a physician in the event of illness or injury. If this document is for a son/daughter under 18, parent/guardian signature required.

Amateur
Call Sign

Signed

Date

Disaster Relief Volunteer Waiver

I do hereby represent and acknowledge that I am entering upon a missionary venture with others, and that as a volunteer 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 work, that vehicles transporting said volunteers will be operated by 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, 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 the said team, the 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 purposes herein above stated.

Print Name

Date

Signature

* Insurance: Each volunteer is expected to have insurance in case of accident, injury or illness. No insurance coverage is provided volunteers by the California Southern Baptist Convention. Personal liability is the responsibility of the volunteer.