



Blue Mountain Region Long Term Recovery Group Volunteer Registration Form

Name _____ Birthdate _____

Home Address _____
Street City State Zip Code

Home Phone _____ Cell _____

Email _____

Medical Information:

Physician's Name	Physician's Phone _____
	Afterhours Phone _____
Physicians City/State	
Current Medications of Concern in an Emergency:	
Allergies (e.g. Food, Medications, Bee/Wasp Stings):	
<i>If you require an EpiPen, please make sure you bring it with your medications.</i>	
Physical Limitations or issues:	
Immunizations. Please list the date of your <u>most recent</u> vaccination/booster. COVID-19, both doses: _____ (Brand)	
Please attach a copy of your COVID vaccination card to this form.	
Tetanus:	
I am diabetic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
I have seizures: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical Insurance Co.	Phone
Group	Policy No.
Please attach a copy of your insurance card to this form.	

I consider myself healthy enough to fulfill my responsibilities on this volunteer trip.
 Yes No

Emergency Contact:

Primary Contact Name		Relationship
Email Address (Street Address if no email)		
Home phone	Cell #	Work #

Background Check:

Background Checks (current within the last two years) are required for all LTR Team Members 18 years of age and older. My last Background Check was _____.

I have not had a Background Check in the last two years.

Please attach a copy of report to this form.

Safe Sanctuary/Safe Spaces

I have been briefed on all aspects of being safe including: travel to the project site, safety at the project site, along with additional safe practices with vulnerable populations and youth. Yes No

Skill Assessment

To use your time and talents to the greatest benefit while you are volunteering, please indicate which of the following skills you have and also the level of skill you have using the following chart.

0 = I am unable to do or am not interested in this skill
 1= I don't know how but am willing to learn/try
 2 = I have done it before but still need help to do
 3 = I can do a good job by myself
 4 = I can do a good job and can guide/teach others

<u>Skill Level</u>	<u>Skill</u>
_____	Architect
_____	Carpenter (General)
_____	Carpenter (Framing)
_____	Carpenter (Trim)
_____	Clean-up worker
_____	Concrete
_____	Contractor—a I hold a license in the state of _____
_____	Drywall hanger
_____	Drywall finisher (taper)
_____	Egress Window
_____	Electrician—a I hold a license in the state of _____
_____	Engineer
_____	Flooring-Carpet
_____	Flooring-Underlay

_____ Flooring-Vinyl
 _____ Heating/cooling—I hold a license in the state of _____
 _____ Heavy equipment operator _____
 _____ Insulation
 _____ Mason
 _____ Painting
 _____ Plumbing—I hold a license in the state of _____
 _____ Roofer Shingle _____ Metal _____
 _____ Other _____

Individual Liability and Photo Release

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the Blue Mountain Region Long Term Recovery Group (BMRLTRG).

I _____ acknowledge and state the following: I have chosen to travel to _____ to perform clean-up/construction work designed to repair damaged homes and property.

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 on ladders. 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. In the event that the BMRLTRG 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 the time.

I permit the use of photographs and other similar materials including video and audio recordings taken at this event with identified and/or identifiable images or other recordings to be used for publicity regarding this and similar events and activities. Publicity may include but is not limited to print (newsletters, etc.), digital forms (web, including social media such as Twitter or Facebook), and video. I agree that use of these materials is without cost or obligation to any party involved at any time and that no liability is to be incurred to any party either in the recording of or playback/distribution of the material.

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 BMRLTRG 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 BMRLTRG and any other related Long Term Recovery Agency, together with their officers, agents, servants and employee, 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.

By signing this release, I verify that all information above is accurate.

Signature of Volunteer *Date*