

# Volunteer Release Form (1 of 2)



All volunteers must sign these 2 forms and bring them to orientation on the first day. Group leaders: please make sure that all members of your group have completed these forms. Anyone under 18 must have a parent's signature. Read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship with St. Bernard Project. Thank you!

## Volunteer Participant Liability Release Form

(Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship with St. Bernard Project. Please print all information clearly. If you are under 18, please have a parent or guardian sign this agreement ahead of time if they will not be coming with you.)

I, \_\_\_\_\_, acknowledge and state the following: I have chosen to travel to the work site to perform cleanup/construction work in disaster relief.

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 and building framing other than 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 understand that this is a "grass roots" activity to support individuals adversely affected by the disaster. I assume all risk and responsibility for any damage or injury to my property or any personal injury which I may sustain while involved in this project and related material costs and expenses. I do hereby grant and convey unto the St. Bernard Project all right, title and interest in any and all photographic images and video or audio recordings made by St. Bernard Project during my work, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

In the event that my supervising disaster organization 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 that time.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Parent's Signature \_\_\_\_\_  
*(Required if under 18)*

Occupation: \_\_\_\_\_ Company \_\_\_\_\_

Group Name: \_\_\_\_\_ Dates volunteered: \_\_\_\_\_ to \_\_\_\_\_

E-mail: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Closest Major City \_\_\_\_\_

Birthdate (DD/MM/YY) \_\_\_\_\_  I do not wish to sign up for the SBP monthly newsletter.

### EMERGENCY CONTACT (REQUIRED)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

# Volunteer Release Form (2 of 2)



## Volunteer Safety Release Form

(Please read before signing as this constitutes an agreement with St. Bernard Project. Your safety is of the utmost importance. Review the following safety precautions before you begin working.)

I, \_\_\_\_\_, acknowledge and state the following: I have chosen to travel to the worksite to perform cleanup/construction work in disaster relief and rebuilding. I hereby agree to abide by the safety precautions outlined below.

- Each house is equipped with a first aid kit. Ask your site supervisor where it is.
- If you have an accident, report it immediately to your site supervisor.
- Stay hydrated; if you find yourself with a case of the “umbles” (mumbling, fumbling, grumbling, stumbling, etc.), take a water break!
- Make sure to eat your lunch. You need your energy!
- Take water breaks, it's hot out there! (And sometimes it's cold, too.)
- Make sure you are properly trained on the tools you are using. If you are not sure about how to use a tool or have a question, ask your site supervisor.
- Always be aware of your surroundings. If you are swinging a tool, know your “blood circle.” That is, if you are swinging a tool, make sure there is no one within hitting distance.
- Please clean up after yourself and others. The worksite should always be clear of debris. Additionally, the last 30 minutes of each work day is dedicated clean-up time.
- When using utility knives, saws and other sharp objects, cut away from yourself and others.
- Remember ladder and bench safety: the ladder or bench should be in a locked position on stable ground. For added protection, have a spotter on the ground next to you!
- When lifting heavy objects, use your legs and keep your back straight. Back injuries are common and hard to fix!
- Know your limits! If you are not comfortable doing something, talk to your site supervisor! They are happy to assist you or give you a new task.
- If there is a medical emergency call 911. Know the address of the house.

Your safety is important to us! Please be careful and aware! And have a great time!

I agree to abide by the safety precautions mentioned in this document. By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold St. Bernard Project, together with its officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project and travel or lodging associated therewith, including any damages which may be caused by their negligence.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Dates volunteered: \_\_\_\_\_ to \_\_\_\_\_

Is this your first time volunteering with SBP?  YES  NO, I was here (MM, YY): \_\_\_\_\_

How did you hear about SBP?

- |  |  |
|--|--|
| <input type="checkbox"/> Google search for volunteering in New Orleans | <input type="checkbox"/> Friend: _____                             |
| <input type="checkbox"/> Newspaper story (online or in print): _____   | <input type="checkbox"/> Company: _____                            |
| <input type="checkbox"/> Television story: _____                       | <input type="checkbox"/> Organization at college/university: _____ |
| <input type="checkbox"/> Other online media: _____                     | <input type="checkbox"/> Other (please specify) _____              |



# Annunciation Mission

Rebuilding Lives in New Orleans

## Volunteer Registration Form

Please submit this form at least three weeks prior to arrival.

Organization's Name: St. David's Episcopal Church

Date of Arrival July 9, 2011 Time of Day 5PM

Date of Departure July 15, 2011 Time of Day Early AM

Volunteer's Name: \_\_\_\_\_  
(first) (middle/maiden) (last)

Volunteer's Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home No. (\_\_\_\_\_) \_\_\_\_\_ Mobile No. (\_\_\_\_\_) \_\_\_\_\_

Work No. (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-Shirt Size: Small Med Large X-L XXL

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### Medical Information

#### Emergency Contacts

Contact Name #1: \_\_\_\_\_

Home No. (\_\_\_\_\_) \_\_\_\_\_ Mobile No. (\_\_\_\_\_) \_\_\_\_\_

Work No. (\_\_\_\_\_) \_\_\_\_\_

Contact Name #2: \_\_\_\_\_

Home No. (\_\_\_\_\_) \_\_\_\_\_ Mobile No. (\_\_\_\_\_) \_\_\_\_\_

Work No. (\_\_\_\_\_) \_\_\_\_\_



# Annunciation Mission

Rebuilding Lives in New Orleans

Physician Name: \_\_\_\_\_

Telephone No. (\_\_\_\_\_) \_\_\_\_\_

## Medical Conditions

List any medical conditions (asthma, diabetes, cardiac, epilepsy, etc.)

\_\_\_\_\_

List any allergies (allergic reactions to food, medications, etc.)

\_\_\_\_\_

List any medications you are currently taking.

\_\_\_\_\_

Date of your most recent Tetanus shot: \_\_\_\_\_

Other pertinent medical information:

\_\_\_\_\_

Medical Insurance (Please provide a copy of your insurance card – both sides!)

Company \_\_\_\_\_

Group No. \_\_\_\_\_

Policy No. \_\_\_\_\_ Co. Telephone No. (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_

## Special Dietary Instructions

Please explain any special dietary needs to medical problems? (ex. diabetic)

\_\_\_\_\_

Are you a vegetarian? \_\_\_\_\_ Yes \_\_\_\_\_ No

(We are only able to provide meatless meals. We are unable to satisfy the requirements for vegans, celiacs, etc. We can provide storage space for your food upon request.)

\_\_\_\_\_



# Episcopal Community Services

Episcopal Diocese of Louisiana ■ Rebuilding the Beloved Community

The Right Rev. Morris Thompson, Bishop  
1623 Seventh Street, New Orleans, LA 70115 ph. 504-895-4304 x22 fax 504-895-6637  
Nell Bolton, Director [nbolton@edola.org](mailto:nbolton@edola.org)  
Pete Nunnally Volunteer Coordinator 504-259-1417 [pnunnally@edola.org](mailto:pnunnally@edola.org)

## YOUTH VOLUNTEER AGREEMENT AND RELEASE

*The Right Reverend Morris Thompson, Bishop*

*Executive Director, Nell Bolton, [nbolton@ecsla.org](mailto:nbolton@ecsla.org)*

*Mission and Volunteer Coordinator, Pete Nunnally, [pnunnally@ecsla.org](mailto:pnunnally@ecsla.org)*

***Please read before signing, as this constitutes the agreement as a youth volunteer and the understanding of your working relationship as a volunteer with the Office of Disaster Response New Orleans and the Diocese of the Episcopal Church of Louisiana.***

I, \_\_\_\_\_, acknowledge and state the following:

**I have chosen to travel and to perform clean-up, remediation or repair work for damage caused by a disaster.**

**I understand that this travel and 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 and building framing other than ground level. I certify that I am in good health and physically able to perform this type of work.**

**I understand that engaging in this activity involves certain risks, not all of which are foreseen. I am engaging in this project at my own risk. I understand that this is a “grass roots” activity to support individuals adversely affected by hurricane/flood disaster or are receiving assistance to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.**

**In the event that my supervising disaster organization 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 that time. By my signature, for myself, my estate, and my heirs, I hereby release and discharge, and agree to defend, indemnify and forever hold harmless The Office of Disaster Response, New Orleans, the Diocese and their officers, directors, agents, volunteers, servants and employees, from any and all causes of action arising from or relating to my participation in this project, and travel or lodging associated therewith, including any damages including but not limited to claims for personal injury, sickness or loss of limb or life, even if said claims arise from injuries or illnesses caused by the sole negligence or fault of those hereby released.**

**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**

