



Registration

(PLEASE PRINT)

Training: _____
 Date: _____

Full Legal Name: (As it appears on your Driver's License)

First Middle Name/Initial Last
 Preferred first name: _____ Date of Birth: _____

Address : _____
 City: _____ State: _____ Zip: _____ Male: _____ Female: _____

Home Phone: _____ Cell Phone: _____

Home Church : _____

Email: _____

I understand that I am not allowed to go on any Disaster Relief mission trip without *personal medical insurance coverage* and certify that I am covered.

Signature: _____ **Date:** _____

Availability

I would be interested in assisting with disaster relief projects:

- within my city or community within my county within the state
 within the United States outside the United States

What lead time would you need to get ready to deploy on a project? _____
 2 - 4 hour notice 1 day notice 3 day notice Other: _____

I would like to be a part of the Rapid Response Team (RRT)

Skills & Interests

Please check which pertain to you.

Volunteer	3 months	DR Ministry
<input type="checkbox"/>	<input type="checkbox"/>	Chainsaw/tree removal
<input type="checkbox"/>	<input type="checkbox"/>	Childcare
<input type="checkbox"/>	<input type="checkbox"/>	Clean-up crew
<input type="checkbox"/>	<input type="checkbox"/>	Communications/Amateur Radio
<input type="checkbox"/>	<input type="checkbox"/>	Chaplaincy/Spiritual Care
<input type="checkbox"/>	<input type="checkbox"/>	Damage Assessment
<input type="checkbox"/>	<input type="checkbox"/>	Driving/ Pulling trailers

Volunteer	3 months	DR Ministry
<input type="checkbox"/>	<input type="checkbox"/>	Evacuation of people
<input type="checkbox"/>	<input type="checkbox"/>	Feeding (mobile unit)
<input type="checkbox"/>	<input type="checkbox"/>	Feeding (fixed site)
<input type="checkbox"/>	<input type="checkbox"/>	Feeding: ServSafe C certified (list certificates below)
<input type="checkbox"/>	<input type="checkbox"/>	Heavy Equipment Operator
<input type="checkbox"/>	<input type="checkbox"/>	Interpreter (list languages below)
<input type="checkbox"/>	<input type="checkbox"/>	Licensed for Semi Tractor driving

Volunteer	3 months	DR Ministry
<input type="checkbox"/>	<input type="checkbox"/>	Medical (list certificates below)
<input type="checkbox"/>	<input type="checkbox"/>	Mud Out/Ash Out
<input type="checkbox"/>	<input type="checkbox"/>	Rebuild/Construction
<input type="checkbox"/>	<input type="checkbox"/>	Repair (emergency)
<input type="checkbox"/>	<input type="checkbox"/>	Temporary Roofing
<input type="checkbox"/>	<input type="checkbox"/>	Security
<input type="checkbox"/>	<input type="checkbox"/>	Set-up/Tear-down on site

List education, skills, or experience you have for above checked. (For example, if you checked "Medical Emergency," Nurse, EMT. If Amateur Operator list call sign)

Office Use Only:		
Paid by: Cash / Check# _____	Online _____	Amount\$ _____
Registration _____	Background Check _____	Unit _____
Admin Personnel _____	_____	Picture _____

2022 Personal and Medical Information



To be filed with the CBGC Office and Team Leader

You must completed/submit this form annually to be eligible for deployment as a Colorado Baptist Disaster Relief Volunteer. It is your responsibility to not ify the office of any changesto this information within this calendaryear to LSachitano@coloradobaptists.org or 720.372.7307.

Name _____

Email _____

Address/City/State/ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Date of Birth (mm/dd/yyyy) _____

Marital Status _____ Spouse's Name _____

Church Information: Church Name _____

Church Address/City/State/ZIP _____

Church Phone _____

Emergency Contacts (please list two people):

Name _____ Relationship _____

Address/City/State/ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Address/City/State/ZIP _____

Home Phone _____ Work Phone _____ Cell Phone _____

Health Information:

Physician's Name _____ Phone _____

Health Insurance Company _____

Group/Policy _____ Insurance Phone _____

Medications _____

Allergies _____

SIGN ONLY on deployment / give my permission for the designated/approved representatives of Colorado Baptist General Convention to secure needed emergency medical attention on my behalf in case I am incapacitated.

Signature _____ Date _____ Witness _____ Date _____

Volunteer Agreement with Colorado Baptist Disaster Relief

As a volunteer member of Colorado Baptist Disaster Relief, I agree that, as my availability and ability allow, I am expected to:

1. Complete (a) a disaster relief skill checklist and, (b) provide my beneficiary's name and address.

My Beneficiary's Name _____

My Beneficiary's Address _____

2. Complete the required training and renew required training a minimum of every three years; take optional training which will increase my usefulness as a team member.
3. Take responsibility for my spiritual and mental preparation as a disaster relief volunteer, as well as my work skills needed at the disaster site.
4. Represent my Lord and Savior, church, fellow Christians and team as Christ would want, in my attitude, behavior, speech, dress, and work.
5. Wear official disaster relief apparel and display the SBC Disaster Relief logo only as prescribed and only while engaging in a relief event.
6. Protect my health and safety and the health and safety of victims, coworkers and all other persons while en route to and from and while at the disaster site; inform on-site team leaders of any physical limitations to be considered in my work assignments.
7. Inform the state director of my availability for a disaster response through the prescribed methods.
8. Pay my own expenses, arrange my own transportation and bring clothing, bedding, and personal items I will need at the disaster site.
9. Upon deployment, I will provide a copy of my medical insurance card and complete the health information form.
10. Upon deployment, if I am using my personal vehicle, I will provide proof of my auto/liability insurance on that vehicle.

Date _____

Initials _____

Please continue to the Release and Indemnity Agreement

Release and Indemnity Agreement

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 Colorado Baptist General Convention, 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.

Volunteer

Print name _____

S i g n a t u r e _____

No insurance coverage is provided to volunteers by Colorado Baptist General Convention. Personal liability is the responsibility of the volunteer.

BACKGROUND INVESTIGATIVE REPORT AUTHORIZATION

In connection with Colorado Baptist General Convention, Ponderosa Retreat & Conference Center, Colorado Baptists Disaster Relief & other entities of the Convention considering me for paid or volunteer work, I authorize Colorado Baptist General Convention, Centennial, Colorado and or its agent, Trak-1 Technologies, to obtain a consumer report, or investigative consumer report which may include information on my character, general reputation, personal characteristics, and mode of living from public record sources or through personal interviews with previous employers or associates. By execution hereof, I acknowledge that I have been advised that a report will be requested and used for the purpose of evaluating me for paid employment or volunteer service.

I authorize, without reservation, any person or entity contacted by Colorado Baptist General Convention, Ponderosa Retreat & Conference Center, Colorado Baptists Disaster Relief & other entities of the Convention or its agent, Trak-1 Technologies to furnish the above-stated information, and I release any such person or entity from any and all liability for furnishing such information. I further release Colorado Baptist General Convention, Ponderosa Retreat & Conference Center, Colorado Baptists Disaster Relief & other entities of the Convention, its affiliated companies, their officers, employees and agents, and specifically, Trak-1 Technologies, their affiliated companies, their officers, employees and agents from any liability and responsibility arising from the preparation of said report. I understand that false or misleading statements made on this authorization, or made during the review process, will disqualify me from consideration for employment or volunteer service or result in my immediate discharge if employed.

PLEASE PRINT

Drivers License # _____ State: _____

LEGAL NAME _____ DOB * _____ SS# _____

OTHER NAMES USED FIRST MIDDLE LAST _____

CURRENT STREET ADDRESS _____

CITY _____ ST _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ ZIP _____ HOW LONG _____

PREV. ADDR. _____

CITY _____ ST _____ ZIP _____ HOW LONG _____

LIST ALL CITY/STATES RESIDED IN SINCE AGE 18: _____

* "Date of Birth" (DOB) or "Age" will be used solely for the purpose of identification in doing background checks and will not be considered or used for any other purpose.

Signature: _____ Date _____

Verification of ID and Signature:

By signing below, I affirm that I have verified the applicant by Drivers License ID.

Event Clerk, Church Clerk or Notary Signature: _____

Date: _____ Event/Church Name or Notary Seal/Exp: _____

Background Report \$15

Motor Vehicle Report \$5

FOR CBGC/EVENT CLERK USE ONLY
Amount Recvd. \$ _____ Check Cash
By: _____

CONSUMER DISCLOSURE (FCRA-1)

In connection with the Colorado Baptist General Convention or its entities, considering you for employment (paid or volunteer), volunteer assignment, continued employment, promotion or reassignment, Colorado Baptist General Convention may obtain a consumer report on you which may include information on character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. You have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

I HEREBY ACKNOWLEDGE RECEIPT:

PRINT NAME

DATE

SIGNATURE