

WV VOAD  
815 Alderson St.  
Williamson, WV 25661  
Office: (304)235-2692 Ext. 6

Dear Volunteer,

Thank you for your interest in volunteering with West Virginia Voluntary Organizations Active in Disaster (WV VOAD). Please read carefully and complete the volunteer application packet, a form check list with instructions is provided.

The **Individual Release of Liability Form** and **Parental Release & Consent Form** do not need to be submitted to the WV VOAD office. All copies of both complete forms should, however, be kept on hand by the team leader for the duration of your stay. Any team members under 18 must have a signed **Parental Release & Consent Form**.

Unless dates have already been specified, it is recommended that you have 2-3 different available dates filled in on the **Team Information Record**, under Dates of Interest, in order for our office to schedule your team. After submitting the volunteer application, you will be contacted by our office to formally set the date of your arrival, date of departure, project details and housing arrangements.

Upon your arrival, a WV VOAD member agency representative will greet your team, give a brief orientation and insure you are settled in the housing arrangements. Throughout the project, your team will work closely with a site supervisor while at the job site. Tools to bring will be basic hand tools for construction and a list is enclosed in this packet. Your team will also be responsible for meals during your stay; the noonday meal should be a packed lunch that can be eaten on the job site. Available dishes and cookware will vary depending on housing.

Thank you again for your interest in volunteering your time and energy to help the recovery of West Virginia families. If you have any questions about volunteering please contact the WV VOAD office.

Sincerely,



Jenny Gannaway  
WV VOAD State Chair



**Form Check List**

- Individual Release of Liability Form
- Parent Release and Consent Form for Volunteers Under 18
- Time Information Record
- Photo Release Form
- Volunteer Tool Form

## Individual Release of Liability Form

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with West Virginia Voluntary Organizations Active in Disaster (WV VOAD)

I \_\_\_\_\_ acknowledge and state the following: I have chosen to travel to West Virginia to perform clean-up/ construction work designed to repair damaged homes.

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 WV VOAD 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.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold WV VOAD and any other related Disaster Response Agency, together with their officers, agents, servants 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.

### Please Print

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address:  
\_\_\_\_\_

Emergency Contact \_\_\_\_\_

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

## Parent Release & Consent Form for Volunteers Under 18

Name of volunteer \_\_\_\_\_

I hereby give permission for my child to serve in Disaster Response projects coordinated by WV VOAD. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above. (Attach a copy of the Insurance Card) I understand that I am responsible for his/her own medical insurance and will not hold WV VOAD liable for any injury or damage to my child while engaged in the disaster project.

Parent/Guardian Print \_\_\_\_\_

Signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Your relationship to participant \_\_\_\_\_ Email \_\_\_\_\_

Insurance Company \_\_\_\_\_

Does your child have any physical limitations that might affect his/her work?

\_\_\_\_\_  
\_\_\_\_\_

List any allergies or medications

\_\_\_\_\_  
\_\_\_\_\_

Special needs if any \_\_\_\_\_

**Team Information Record**

Dates of interest: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone: (day) \_\_\_\_\_ (night) \_\_\_\_\_ (cell) \_\_\_\_\_

Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Number/Age – Women:    15-19 \_\_\_    20-35 \_\_\_    36-49 \_\_\_    50-65 \_\_\_

Number/Age – Men:    15-19 \_\_\_    20-35 \_\_\_    36-49 \_\_\_    50-65 \_\_\_

**Please indicate the group’s skill levels for the following skills by putting the appropriate number by those areas with #1 being highly skilled and can oversee, #2 being skilled, #3 being experienced, and #4 inexperienced but follows directions.**

- |                              |                         |                    |                |
|------------------------------|-------------------------|--------------------|----------------|
| ___ Carpentry                | ___ Heating and Cooling | ___ Drywall Hanger | ___ Cook       |
| ___ Cleanup (light/heavy)    | ___ Mason               | ___ Floor Covering | ___ Teaching   |
| ___ Concrete (flat work)     | ___ Painter             | ___ Electrician    | ___ Errands    |
| ___ Construction Supervisor  | ___ Plumber             | ___ Roofer         | ___ Child Care |
| ___ Drywall Finisher (taper) | ___ Floor Underlayment  | ___ Data Entry     | ___ Other      |

Special skills within the group:  
 \_\_\_\_\_  
 \_\_\_\_\_

Special certifications for any of the above:  
 \_\_\_\_\_  
 \_\_\_\_\_

**For WV VOAD Office Use**

Date called: \_\_\_\_\_ Date confirmed: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Time: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_



**Photo Release Form**

I, \_\_\_\_\_ hereby give my permission to be photographed, video recorded and quoted by the West Virginia Voluntary Organizations Active in Disaster (WV VOAD) member agencies for the purpose of promotion through the WV VOAD member agency websites, Facebook pages, news release, slide presentations and newsletters.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**I am over 18 years of age**    Yes \_\_\_        No \_\_\_

**If no, parent or guardian's signature** \_\_\_\_\_

**Date** \_\_\_\_\_



## Volunteer Tool List

### **Everyone should have**

Utility knife  
Tape measure  
Hammer  
Straight screwdriver  
Phillips screwdriver

### **Personal Items**

Long pants  
Long sleeved shirt  
Sweatshirt  
T-shirts  
Work shoes or boots  
Jacket (winter months)  
Work gloves  
Soap  
Shampoo  
Bug spray  
Sunscreen  
Wash cloth and towel  
Sheets, pillow, blanket

### **Helpful for team**

Circular saw  
Framing square  
T-square  
Electric drill  
Battery drill  
Caulk line  
Reciprocating saw  
Ladder(s) 6' or 8'  
Dust masks  
Safety glasses  
Cell phone