



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.

Skilled	Interested	DR Ministry
		Chainsaw/tree removal
		Childcare
		Clean-up crew
		Communications/Amateur Radio
		Chaplaincy/Spiritual Care
		Damage Assessment
		Driving/ Pulling trailers

Skilled	Interested	DR Ministry
		Evacuation of people
		Feeding (mobile unit)
		Feeding (fixed site)
		Feeding: ServSafe C certified (list certificates below)
		Heavy Equipment Operator
		Interpreter (list languages below)
		Licensed for Semi Tractor driving

Skilled	Interested	DR Ministry
		Medical (list certificates below)
		Mud Out/Ash Out
		Rebuild/Construction
		Repair (emergency)
		Temporary Roofing
		Security
		Set-up/Tear-down on site

List any other education, skills, or experience you have. Add any additional info for the checked areas above.

Office Use Only:

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

2023 Personal and Medical Information

To be filed with the WSBDR Office and Team Leader

This form must be completed once every calendar year to make you eligible for deployment as a Wyoming Southern Baptist Disaster Relief Volunteer. It is your responsibility to notify the office of any changes to this information within this calendar year to quin@wyomingsbc.org or 307.472.4087.

Name _____ Date: _____

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 _____

I give my permission for the designated/approved representatives of Wyoming Southern Baptist Mission Network to secure needed emergency medical attention on my behalf in case I am incapacitated.

Do NOT sign until you check in at deployment.

VOLUNTEER AGREEMENT WITH WYOMING SOUTHERN BAPTIST DISASTER RELIEF

As a volunteer member of Wyoming Southern 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. If driving my personal vehicle during deployment I will provide proof of auto/liability insurance on that vehicle.

Date _____

Initial _____

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 Wyoming Southern Baptist 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 _____

Signature _____

**No insurance coverage is provided to volunteers by the Wyoming Southern Baptist Mission Network.
Personal liability is the responsibility of the volunteer.**



Background Screening Consent

Applicant should complete all relevant information and sign and date the form.

I hereby authorize WYOMING SOUTHERN BAPTIST MISSION NETWORK and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, credit history (if applicable for position), adult criminal or police records, drug screening, and motor vehicle records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with the Wyoming SB Mission Network.

I release the WSBMN and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

First Name: _____ Middle: _____ Last Name: _____

SSN: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of Applicant: _____
Printed Name *Signed Name*

Date: _____ Daytime Phone: _____

Driver's License Number: _____ State of Issuance: _____

Have you ever been convicted of a misdemeanor or felony? _____ Yes _____ No

If yes, please explain:

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. The WSBMN abides by all applicable and federal employment laws.