



Date Application Submitted:

DISASTER WORKER PROFILE & REGISTRATION FORM

THIS FORM is intended to assist in the RECRUITMENT and MANAGEMENT of OFFICERS, EMPLOYEES & VOLUNTEERS in EMERGENCY DISASTER SERVICES.

General Information	Last Name		First	Middle	Gender	
	Mailing Address		Street	City	State	Zip
	Phone Office	Phone Home	Phone Cellular	Phone Other	E-mail	
	Corps Affiliation	Division Affiliation	Birth Date	Citizenship	Social Security No. (Not Required)	
	Please check the box that best describes your position with The Salvation Army: <input type="checkbox"/> Employee <input type="checkbox"/> Salvation Army Officer <input type="checkbox"/> Volunteer			Do you have a DISASTER TEAM PARTNER you would prefer to work with? Name: Phone: () - - Corps Affiliation: Division Affiliation:		

Emergency & Medical	Physical and Medical Limitations – <i>Note: acknowledging a limitation will simply give the command a proper perspective of location/position in which to place the volunteer. It will not reduce chances of deployment.</i>				
	<input type="checkbox"/> Lifting 50 pounds <input type="checkbox"/> Being on your feet approximately 8 hours a day <input type="checkbox"/> Engaging in service delivery in extreme heat/cold <input type="checkbox"/> Primitive lodging conditions (sleeping bags, cots) <input type="checkbox"/> Assisting emotionally & psychologically injured persons for an extended period of time				
	Emergency Contact Person			Relationship	
	Mailing Address		City	State	Zip
	Phone Office () -	Phone Home () -	Phone Cellular () -	Phone Other () -	

Occupation & Availability	Present Occupation:				
	Past Occupations:				
	Current Volunteer Activity:				
	Please check the box or boxes that describe the type of disaster assignments on which you would be willing to serve: <input type="checkbox"/> Local Disaster Service Assignments <input type="checkbox"/> State/Divisional Disaster Service Assignments <input type="checkbox"/> National Disaster Service Assignments <input type="checkbox"/> International Disaster Service Assignments		Normal deployment is 14 days. Would you be able to serve for this time period? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what time period can you serve? <input type="checkbox"/> 1 week <input type="checkbox"/> 3 days (local disaster) <input type="checkbox"/> 1 day (local disaster)	How much notice do you need before being deployed? <input type="checkbox"/> 24 hours (First Responder) <input type="checkbox"/> 2-3 days <input type="checkbox"/> 1 week <input type="checkbox"/> 1 month
	Do you want to be contacted by other Salvation Army programs? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**THE SALVATION ARMY
DISASTER WORKER PROFILE & REGISTRATION FORM (Continued)**

Skills	Are you fluent in any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list those languages:
	Are you a licensed amateur radio operator? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list your call sign and certification level:
	Check the areas of disaster work that interest you or in which you have skills or experience:	
<input type="checkbox"/> Administration <input type="checkbox"/> Shelter Operations <input type="checkbox"/> Communications <input type="checkbox"/> Planning <input type="checkbox"/> Finance/Bookkeeping <input type="checkbox"/> Food Service/Canteens <input type="checkbox"/> Internet Technology <input type="checkbox"/> Media/Public Relations <input type="checkbox"/> Volunteer Management <input type="checkbox"/> Driver <input type="checkbox"/> Vehicle Repair/Maintenance <input type="checkbox"/> Liaison <input type="checkbox"/> Casework/Social Services <input type="checkbox"/> Warehousing <input type="checkbox"/> Security <input type="checkbox"/> Pastoral Care <input type="checkbox"/> Donations/Distributions <input type="checkbox"/> Supply & Transportation <input type="checkbox"/> Safety <input type="checkbox"/> Other _____		

Training	List any formal disaster training and type of certification received:
	<input type="checkbox"/> Introduction to The Salvation Army Emergency Disaster Services <input type="checkbox"/> Other

Vehicle	Driver's License Information			
	Issuing State:	License Number:	Expiration Date:	Classification:
Do you have a valid certification to operate a forklift? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give expiration date:				

Background	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you been convicted of a misdemeanor within the last two years which resulted in imprisonment/jail? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you answered yes to either question, please explain:
<i>Note: A conviction will not necessarily disqualify you from volunteering.</i> <i>Note: The applicant should not disclose any information regarding criminal arrest or conviction records that have been expunged or sealed.</i>	

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<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant been authorized to drive a Salvation Army vehicle?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant signed The Salvation Army's Code of Conduct for Disaster Workers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant signed a Volunteer Release and Waiver of Liability?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant been issued a Salvation Army disaster worker photo-identification badge?
Based on the worker's interests, skills and training, determine a primary and secondary disaster function:	
Primary Function	Secondary Function

Important: All **VOLUNTEER** Salvation Army disaster workers, aged **18 & older**, must have a signed Waiver of Liability on file. Please complete the following form and return this form to your local Salvation Army unit. Please print legibly!
PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!



Volunteer Release and Waiver of Liability

This release and Waiver of Liability (the "Release") executed on this _____ day of _____, by _____ (the "Participant") in favor of **THE SALVATION ARMY**, a non-profit corporation organized and existing under the laws of the State of California, USA, its directors, officers, employees, volunteers and agents (collectively, "The Salvation Army").

I, the Participant, desire to volunteer with The Salvation Army to provide emergency disaster relief services and engage in the activities related to offering these services. I understand that the activities may include, but are not limited to, travel to disaster sites in the United States; transportation in commercial and Salvation Army-owned vehicles; moving and lifting heavy objects; cooking and serving food; and working and inhabiting environments that may be without power, sanitation, or are otherwise damaged by the disaster event.

I hereby freely and voluntarily, without duress, execute the Release under the following terms:

- 1. Waiver and Release.** I, the Participant, release and forever discharge and hold harmless The Salvation Army from any claim or liability that I, the Participant, may have against The Salvation Army with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in a disaster relief operation. I also understand that The Salvation Army does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).
- 2. Insurance.** The Salvation Army does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. **EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A SALVATION ARMY DISASTER WORKER.**
- 3. Medical Treatment.** Except as otherwise agreed to by The Salvation Army in writing, I hereby release and forever discharge The Salvation Army from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with The Salvation Army.
- 4. Assumption of Risk.** I understand that my time with The Salvation Army may include activities that may be hazardous to me, including, but not limited to, cook and food preparation activities, loading and unloading of heavy equipment and materials, transportation to and from the disaster site, and working in locations damaged by the effects of a disaster. I recognize and understand that my time with The Salvation Army may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release The Salvation Army from all liability for injury, illness, death or property damage resulting from the activities of my time with The Salvation Army.
- 5. Photographic Release.** I grant and convey unto The Salvation Army all right, title and interest in any and all photographic images and video or audio recordings made by The Salvation Army during my work for The Salvation Army, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
- 6. Other.** I understand that it is my desire to further the work of The Salvation Army by performing services as a Volunteer, specifically as a Volunteer in Emergency Disaster Services. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of The Salvation Army.

To express my understanding of this Release, I sign here with a witness.

Participant Name (please print): _____

Signature: _____ **Date:** _____

Witness Name (please print): _____

Signature: _____ **Date:** _____



The Salvation Army Code of Conduct for Disaster Workers

The Salvation Army is a worldwide religious and charitable organization, motivated by the love of God and concern for the needs of humanity. The Army's tradition of helping those in need began more than 150 years ago. Providing emergency relief to disaster victims is just one of many services The Salvation Army offers to those in need.

The Salvation Army disaster workers are expected to respect this tradition of service and conduct themselves in a manner reflective of the compassion and dignity of Christ. You are expected to adhere to the highest standards of personal, professional and business ethics and to always use common sense and good judgment about the way you conduct yourself when on duty representing The Salvation Army. Most of all, it is expected that all disaster workers of The Salvation Army will treat those we serve with respect and care, dispensing services equally and without discrimination.

As a Salvation Army disaster worker, you pledge to:

- Treat all people equally and deliver services without discrimination for any reason;
- Respect cultural and religious differences and accommodate these differences in the delivery of services;
- Protect the confidentiality of our clients and to refrain from disclosing sensitive information;
- Be mindful of expenses and help ensure that all donations, financial or in-kind, are used expressly for the purpose the donor intended;
- Refrain from business or conduct that is unethical or damaging to The Salvation Army's reputation;
- Avoid engaging in any illegal activity; and
- Support the Christian principles and mission of The Salvation Army.

When feasible, The Salvation Army disaster workers should remove their disaster apparel and identification when off-duty. The Salvation Army does not support the use of alcohol. Smoking and the use of other tobacco products or the use of alcohol is not permitted within The Salvation Army facilities, and Salvation Army disaster workers should refrain from using these products while engaged in service delivery.

Inappropriate or unethical behavior may result in corrective action, including permanent dismissal as a Salvation Army disaster worker.

To express your understanding of this Code, please sign below:

Participant Name (please print): _____

Signature: _____ **Date:** _____