



Volunteer Information *Required

*NAME _____ *DATE OF BIRTH _____
 *ADDRESS (h) (w) _____
 *CITY/STATE _____ *ZIP CODE _____
 *Phone (h) (w) (c) _____ *Email (h) (w) _____
 *ORGANIZATION / CHURCH NAME _____
 *MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE _____
 *EMERGENCY CONTACT: FIRST NAME _____ LAST NAME _____
 RELATIONSHIP _____ PHONE NUMBER _____
 ARE YOU OR A HOUSEHOLD MEMBER A VETERAN? YES NO

SALT Skilled Labor Volunteer Interest

PLEASE CIRCLE THE NUMBER ASSOCIATED WITH YOUR SKILL LEVEL

1=haven't done, 2=need guidance, 3=can do well independently, 4=can do well and guide others, 5=working in trade

Administrative	1 2 3 4 5	Siding	1 2 3 4 5
Video Production	1 2 3 4 5	Electrician	1 2 3 4 5
Carpentry, general	1 2 3 4 5	Door installation	1 2 3 4 5
Concrete	1 2 3 4 5	Data Entry	1 2 3 4 5
Drywall hanger or finisher	1 2 3 4 5	Fundraising	1 2 3 4 5
Floor covering	1 2 3 4 5	Survey Calls	1 2 3 4 5
Floor underlayment	1 2 3 4 5	Countertop or Cabinet Installation	1 2 3 4 5
Tile Work	1 2 3 4 5	Window installation	1 2 3 4 5
Trim-baseboard	1 2 3 4 5	Plumber	1 2 3 4 5
Mason: brick/plaster	1 2 3 4 5	Insulation	1 2 3 4 5
Heating/Cooling	1 2 3 4 5		

Other Skills (please specify): _____

Do you have experience leading a group? **YES NO**

Our tool supply is limited, are you able to bring your own tools? **YES NO** Can you provide extra? **YES NO**

Would you be interested in volunteering again? **YES NO**

Days Available: (Circle those that apply)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Please write your time availability in the box located beneath each day.							

Would you like to be added to our mailing list: **YES NO**



Participant Liability Release Form

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Schoharie Area Long Term, Inc. (SALT) and partnering agencies.

I, * _____, acknowledge and state the following:

Liability: I have chosen to travel and volunteer to perform clean-up/construction work designed to repair disaster damage in connection with SALT’s efforts.

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 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 the time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold Schoharie Area Long Term, Inc. together with their officers, directors, volunteers, agents, servants, and employees, harmless from any and all cause and causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, extents, executions, claims, and demands whatsoever, in law or in equity, arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

Media: I agree that SALT, its employees, or agents have the right to take photographs, videotape, or digital recordings of me. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used. I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

Confidentiality: I also understand that by nature of volunteering in recovery work I may be privileged to personal identifying information and promise to keep this information in strict confidence. I will not disclose or share any personal identifying information with any third party, unless asked by the homeowner to do so.

*SIGNATURE _____ DATE _____

DATES of WORK TEAM or DATES COVERED by THIS LIABILITY FORM September 2, 2011- December 31, 2015; when signed in at the volunteer station and assigned for work in the Schoharie area and surrounding communities.

Thank you for helping with our ongoing recovery effort!