



**DISASTER  
RESPONSE  
SERVICES**

400 76<sup>th</sup> St. Suite 17  
Byron Center, MI 49315 USA  
1-800-848-5818  
Fax (616) 726-1141

# Group Volunteer Application

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **St/Prov:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell :** \_\_\_\_\_

**Home Church (include city):** \_\_\_\_\_

**Emergency Contact:**

(name/relationship/phone) \_\_\_\_\_

**Married**

**Single**

**Male**

**Female**

**Ethnicity:**

(optional)

(may choose more than one)

White

Hispanic  
or Latino

Black or African  
American

Native  
American

Asian or Pacific  
Islander

Other

**Tshirt size:**

Small

Medium

Large

X Large

XX Large

XXX  
Large

**Dates: Arrive:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Leave:** \_\_\_\_\_

**Assignment location:** \_\_\_\_\_

**Partner agency:** \_\_\_\_\_

**Name of Group:** \_\_\_\_\_

**Group Leader:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING SKILL LIST.**

Ranking all jobs that you would be willing to do if needed.

Rankings are as follows: **1**-Require instruction & supervision **2**-Can perform independently with some instruction

**3**-Can perform well, but not teach others **4**-Can perform well, and teach others **5**-Licensed/Certified in this area/field

- |                                 |                                    |                          |               |
|---------------------------------|------------------------------------|--------------------------|---------------|
| _____ Builder/Contractor        | _____ Electrician                  | _____ Manager/supervisor | _____ Plumber |
| _____ Carpenter, finish         | _____ Floor Covering               | _____ Masonry/Concrete   | _____ Roofer  |
| _____ Carpenter, framer         | _____ Food prep/baking/<br>cooking | _____ Mechanic           | _____ Siding  |
| _____ Drywall hanging           | _____ Heating & Cooling            | _____ Mobile Home Repair | _____ Other   |
| _____ Drywall<br>taping/mudding | _____ Housekeeping/<br>cleaning    | _____ Painter            | _____         |

**Please list any specialized tools you could bring (or would prefer to bring):**

**Please list any food needs/concerns and any medical/medication information that we or your group should know about.**

**Do you authorize World Renew and any of its affiliating agencies to use photographs of you for reporting and/or promotional activities as it may deem appropriate?** Yes No

**Are you able to converse in any language besides English?** \_\_\_\_\_ If so, which: \_\_\_\_\_

**By signing this application, I agree to the following:**

- I understand that World Renew is a Christian organization, committed to demonstrating God's love through word and deed. I understand that as a volunteer with World Renew, I am representing Christ and His Church while on assignment, and I agree to demonstrate Christian values and behavior at all times.
- I understand that it is the policy of the CRCNA and World Renew to obtain a background check before I can volunteer. I also understand that it is my responsibility to obtain this background check and pay any costs associated with this.
- I agree to be flexible in accepting schedules and tasks that may fall outside of the expected assignment.
- I agree to treat disaster survivors in a fair and impartial manner, without discrimination based on race, color, religion, nationality, sex, age, handicap, or economic status, and will not disclose any confidential information disclosed during my assignment.
- I understand that I am responsible for securing appropriate insurance coverage for any situation that could arise.
- I believe I am capable of performing the duties required on this assignment to the best of my knowledge and according to most recent reports from my physician.
- I acknowledge and understand that there are significant elements of risk in connection with the volunteer activities that I will be performing, and that serious injuries or illness occasionally occur to persons performing these services. By signing below, I am agreeing to **(i) ASSUME ALL RISKS and (ii) WAIVE AND RELEASE ANY AND ALL CLAIMS, DEMANDS, AND CAUSES OF ACTION, INCLUDING FOR PERSONAL INJURY, ILLNESS, PAIN, SUFFERING, ECONOMIC DAMAGES AND NON-ECONOMIC DAMAGES** that I have experienced and/or might experience in the future (whether known, unknown, anticipated, unanticipated) as a result of my participating in volunteer activities or services on behalf of World Renew or its partner agencies and/or affiliates. For purposes of this waiver and release, World Renew shall include World Renew, its affiliates and their officers, directors, employees, agents, volunteers, individual clients, and property owners where volunteers are housed, or where work is performed. This waiver and release apply to me and to any person who could make a claim on my behalf, including without limitation, my heirs, beneficiaries, personal representatives, and next of kin. This Agreement and this Release are governed by Michigan law. In the event that any provision is found invalid, then that provision will be automatically amended in as minimal a manner as possible to make the provision valid. This is the entire agreement, and any oral or other terms are excluded.

**I HAVE READ THE TERMS OF THIS AGREEMENT, UNDERSTAND IT, AND ENTER INTO IT VOLUNTARILY.**

**Signature of volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Legal Guardian consent, for volunteers under the age of 18:**

I hereby grant permission for my son/daughter (name) \_\_\_\_\_ to travel to (location) \_\_\_\_\_  
from \_\_\_\_\_  
\_\_\_\_\_ (dates) \_\_\_\_\_ to \_\_\_\_\_

I have appropriate insurance coverage for any situation that could arise. I authorize the group leader(s) to make any medical or other emergency decisions if I cannot be reached. I have read this application in its entirety and attest to the accuracy of all information provided.

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Group Leader: Please return ALL completed applications by:** \_\_\_\_\_

**3 Methods of Return:** **1)** Mail to 400-76<sup>th</sup> Street SW, Suite 17, Byron Center, MI 49315 **2)** Scan and email to Chris Gibson at [cgibson@worldrenew.net](mailto:cgibson@worldrenew.net) or Pauline Mitchell at [pmitchell@worldrenew.net](mailto:pmitchell@worldrenew.net) **3)** FAX to 616-726-1141