

Agreement of Understanding

I understand the dangers of participating. Despite the potential dangers and risks, I will participate and I agree to assume all the risks associated with such participation. In consideration for the acceptance of my participation as a volunteer, I hereby waive, release, hold harmless, and discharge any and all claims for damages for personal injury, property damage or death, which I may have or which may hereafter accrue to me, or to my heirs or assigns, as a result of my participation as a volunteer. In addition, I agree to indemnify the City from all claims demands, suits, actions, liabilities, damages, costs or expenses resulting from or arising out of my activities. This release, waiver of liability and indemnity agreement is intended to discharge and release the City of Portland, and its agents and employees from and against any and all liability arising out of, or connected in any way with, my participation as a volunteer. It is further understood and agreed that this release, waiver of liability, and indemnity agreement is to be binding on me and my heirs and assigns.

I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability and a contract between myself and the City of Portland Bureau of Emergency Management, and I sign it voluntarily and of my own free will. I furthermore certify that all information I provide is true and correct.

Signature

Date

NET Form 2B: SPONTANEOUS VOLUNTEER INTAKE

PRINT Last, first name: _____

With my signature below, I certify that I have not been convicted of a felony since my 18th birthday.

signature or initials: _____

Please identify any limitations that would affect the type of volunteer assignments you can undertake.

Do you take medication and if so, do you have access to it? N/A Not sure Yes No

Have you contacted your family? Yes No

Would you like to be contacted in the future for volunteer training and work? Yes No

Would you like to be contacted again to help with **this** emergency? Yes No

To volunteer with this emergency response, please complete this form and return it to the person who gave it to you. You will receive a brief interview as soon as possible.

Please answer the questions truthfully and as completely as possible. This information helps us find the most appropriate assignment for you.

Skills or Experience (mark all that apply)

- Medical training
- First aid/CPR
- Fire fighting skills
- Safety and security
- Search and rescue skills
- Crisis counseling skills
- Office/organizational skills
- Teaching skills
- Crowd control
- Carpenter skills
- Chainsaw skills
- Electrician skills
- Amateur radio skills
- Food prep skills
- Commercial license
- non-English languages:

Equipment/Supplies You Can Provide

- First aid supplies
- Spare wheelchair or crutches
- Spare bed(s)
- Tarps or tents
- Chainsaw
- Bottled water
- Generator
- Fire extinguisher
- Camp stove and fuel
- Walkie-talkie or other radio
- Prybar
- Blanket(s)
- Flashlight(s)
- Batteries
- Rope

NET Form 2B: SPONTANEOUS VOLUNTEER INTAKE (reverse)

Last, first name: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Best phone: (____) _____ - _____ E-mail: _____

Age: _____ Gender: _____ Driver's license (state/#): _____

Fit for physical work? Yes Light No

Emergency contact name: _____ Relation: _____

Emergency contact phone: (____) _____ - _____

FOR OFFICIAL USE ONLY

ID verified (initials) _____	Accepted? Yes <input type="checkbox"/> No <input type="checkbox"/>
Issued ID? Yes <input type="checkbox"/> No <input type="checkbox"/>	Badge # _____
Waiver signed	Yes <input type="checkbox"/> No <input type="checkbox"/>
NET organization/objectives	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weapons policy	Yes <input type="checkbox"/> No <input type="checkbox"/>
Safety awareness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Search and rescue	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical triage	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assignment 1: _____	
Assignment 2: _____	