

Recovery Center Control No: _____

Press Hard

Control No _____

VOLUNTEER REGISTRATION AGREEMENT

This form must be completed by each civilian volunteer - Photo ID required

DATE: _____/_____/_____ TIME: _____:_____ AM / PM LOCATION: _____

NAME: _____ M ___ F ___ D.O.B.: _____/_____/_____

ADDRESS: _____ DL / ID#: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE:(____) _____ WORK PHONE:(____) _____

E-MAIL: _____

PHYSICAL PROFILE:

HEALTH: (circle one)

HEIGHT: _____

POOR FAIR GOOD EXCELLENT

WEIGHT: _____

SPECIAL CONSIDERATIONS:

HAIR: _____

EYES: _____

COMMUNICATIONS:

MOBILE PHONE: _____ RADIO - CHAN: _____ FREQ: _____

VEHICLE - YES: ___ NO: ___ MAKE: _____ YR: _____ LIC# _____

SPECIAL EQUIPMENT or TRAINING _____

EMERGENCY CONTACT:

NAME: _____ PHONE:(____) _____

NOTICE: Your service is appreciated. It is essential that you follow some basic ground rules.

1. You must follow any and all instructions given by designated personnel.
2. Personal safety is a priority for everyone. Do not attempt a task for which you are not physically or emotionally prepared. Do not leave the team or area to which you are assigned.
3. You must check in each time you return from a field assignment, and account for any special equipment issued.
4. With this type of effort, there is an element of risk. You agree to be responsible for your own safety and conduct. Should you be injured, no individuals or groups connected with this effort will be held liable.
5. YOU agree that any information acquired during your service will not be used for any personal profit or gain and will be held confidential.
6. Your involvement in this effort in no way allows you to ignore or violate any local, state, or federal laws.

I agree to follow the above ground rules

SIGNATURE: _____ **WITNESS:** _____

White copy - Analysis

Yellow copy - Historian

Pink copy - Law Enforcement

Gold copy - Law Enforcement

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