

4B DISASTER RESPONSE NETWORK (4B DRN)

Volunteer Waiver Form

Name: _____

Organization (if volunteering in a group): _____

Address: _____

City, State, Zip: _____

Phone: _____

In case of an emergency, please contact:

Name: _____ Relationship: _____

Cell Phone: _____ Home/Work Phone: _____

I am volunteering to serve with the 4B DRN with the understanding that there are risks and possibilities of injury associated with the work being performed. This document is to serve as a waiver and hold harmless agreement freeing 4B DRN, its Staff, Board Members, Partners, and the homeowners being served from any liability stemming directly or indirectly from any injury or injuries that may occur while working in homes being repaired.

Volunteer Signature

Date

Parent Signature (if volunteer is under 18)

Date