

DISASTER RELIEF PERSONAL INFORMATION FORM

PERSONAL INFORMATION:					DATE:																					
NAME as it appears on Driver's License:																										
Preferred Name: (Name you want to be called)							Male:		Female:																	
Phone #1: (Primary-Preferred)		(_____) _____ -- _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			Phone #2:		(_____) _____ -- _____ <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work																			
Email:																										
Mailing Address:																										
City:			State:		Zip:		County:																			
Date of Birth:		<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;">M</td> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;">D</td> <td style="border: none; text-align: center;">/</td> <td style="border: none; text-align: center;">Y</td> <td style="border: none; text-align: center;">Y</td> <td style="border: none; text-align: center;">Y</td> <td style="border: none; text-align: center;">Y</td> </tr> <tr> <td style="border: none; text-align: center;">_</td> <td style="border: none; text-align: center;">_</td> <td style="border: none; text-align: center;">_</td> <td style="border: none; text-align: center;">_</td> <td style="border: none; text-align: center;">_</td> <td style="border: none; text-align: center;">_</td> <td style="border: none; text-align: center;">_</td> <td style="border: none; text-align: center;">_</td> </tr> </table>			M	/	D	/	Y	Y	Y	Y	_	_	_	_	_	_	_	_	Spouses' Name:					
M	/	D	/	Y	Y	Y	Y																			
_	_	_	_	_	_	_	_																			
IN CASE OF EMERGENCY, NOTIFY:																										
1. Name:					Relationship:																					
Phone #1:		(_____) _____ -- _____			Phone #2:		(_____) _____ -- _____																			
2. Name:					Relationship:																					
Phone #1:		(_____) _____ -- _____			Phone #2:		(_____) _____ -- _____																			
MEDICAL INFORMATION: (Continue on back if not enough room.)																										
Medical Conditions or Limitations:																										
Prescribed Medications:																										
Allergies:																										
Health Insurance Co.:																										
Policy or group #:						Date of last tetanus shot:																				
UNIT INFORMATION: (Please list information for your current Unit Assignment.)																										
Primary Unit:						Level of Training:																				
CHURCH INFORMATION:																										
Your Home Church:																										
City, State of Home Church:						Your Home Church's Association:																				
RELEASE:																										
<p>1. I, the above listed volunteer, am working as an independent agent to assist in the disaster area. I am eighteen (18) years old or older and realize that there are risks involved in assisting in the Disaster Relief Ministry. I further understand that this is a mission action ministry of the Georgia Baptist Mission Board.</p> <p>2. My signature below shows that I have read and understand the above statement.</p> <p>3. I will not hold the Georgia Baptist Mission Board, their representatives, agents, or employees liable for any injuries or damages to myself or my property.</p> <p>4. I authorize the Disaster Relief Ministry of the Georgia Baptist Mission Board to give my name, address, and phone numbers to Unit Directors and Ministry Coordinators for the purpose of contacting me for the purposes of Disaster Relief.</p>																										
Signed:						Date:																				

Fill in only the shaded blocks

Revised January 2019

Please use this form for all volunteers responding to a response of the Disaster Relief Ministry of the Georgia Baptist Mission Board when they arrive on-site. This form may also be used by volunteers to update their information with the State Disaster Relief Director's office.