

DRRM VOLUNTEER FORM

***Instruction:*** *Print legibly. Put a check mark on the boxes. Indicate N/A if not applicable. Avoid erasures.*

1. **PERSONAL INFORMATION**

|  |
| --- |
| **Complete Name: (Last Name, First Name and Middle Name)** |
|  |
| **Birthdate: (Month-Date-Year)** | **Age:** | **Sex:** |
| **Place of Birth:**  | **Height:**  | **Weight:**  |
| **Complete Residential Address:** |
|  |
| **Permanent Address:** |
|  |
| **Cellphone Number/s:** | **Citizenship:** |
| **Email Address:** |
| **Ethnic Background:** | **Blood Type:** |
| **Language Spoken:** |

1. **EDUCATIONAL BACKGROUND**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **SCHOOL** | **Year Attended** | **Year Graduated** |
| **Elementary** |  |  |  |
| **Highschool** |  |  |  |
| **College** |  |  |  |
| **Vocational** |  |  |  |
| **Masters** |  |  |  |
| **Doctorate**  |  |  |  |

1. **EMERGENCY CONTACT (Please Write down 2 contact persons)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Contact Number:** |  |
| **Relationship:** |  |
| **Address:** |  |
| **Name:** |  | **Contact Number:** |  |
| **Relationship:** |  |
| **Address:** |  |

* **Are you currently employed? YES NO**

**If YES, please write the name of the institution and your position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Are you currently affiliated with other disaster management groups? YES NO**

**If YES, please write the name of the group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Have you had trainings related to rescue prior to applying in this institution? YES NO**

**If YES, please list down in the box and indicate specifically the trainings you have received**

1. **LEARNING & DEVELOPMENT (L&D) INTERVENTIONS/ TRAINING PROGRAMS ATTENDED**

|  |  |  |
| --- | --- | --- |
|  **TITTLE TRAININGS** | **FACILITATED/SPONSORED BY:** | **DATE** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **OTHER INFORMATION**

|  |  |
| --- | --- |
| **SPECIAL SKILLS/HOBBIES** | **MEMBERSHIP IN ASSOCIATION/ORGANIZATION** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

* **Are you willing to undergo further trainings when an opportunity will be given? YES NO**

**If NO, please state the reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Have you been hospitalized this past three years? YES NO**
* **Do you have any allergies? YES NO**

**If YES, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Do you have any current or pending criminal record? YES NO**

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**RELEASE AND INDEMNIFICATION FORM**

I (NAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A RESIDENT OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OF LEGAL AGE AND SOUND MIND CERTIFY THAT THE INFORMATION I HAVE PROVIDED ABOVE ARE TRUE AND CORRECT. I, THE UNDERSIGNED, FURTHER AGREES TO INDEMNIFY THE LOCAL GOVERNMENT UNIT OF LA TRINIDAD AND MUNICIPAL DISASTER RISK AND MANAGEMENT OFFICE (MDRRMO) FROM ALL LIABILITY FOR ANY AND ALL RISK OF DAMAGE, BODILY INJURY OR DEATH THAT OCCUR TO ME INCLUDING ANY INJURY CAUSED BY NEGLEGENCE; IN CONNECTION WITH ANY VOLUNTEER DISASTER EFFORT IN WHICH I PARTICIPATE. I LIKEWISE HOLD HARMLESS LAIBILITY ANY PERSON TRANSPORTING ME OR FROM ANY DISASTER RELIEF ACTIVITY. I WILL ABIDE BY ALL SAFETY INSTRUCTIONS AND INFORMATION ORIENTED TO ME DURING DISASTER EFFORTS.

 I HAVE READ CAREFULLY THE FOREGOING RELEASE AND INDEMNIFICATION AND UNDERSTAND THE CONTENTS THEREOF AND SIGN THIS RELEASE AS MY OWN FREE ACT.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Over Printed Name*

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_