



Disaster Relief Property Owner Job Approval and Release

| Property Owner(s): | Date Requested: |
|---|--|
| Address: | Date Received: Job #: |
| Cell Phone #: Home Pho | ne #: Priority: 1 2 3 |
| Email address: | Single Parent |
| Current Address: | Elderly Medical Issue |
| (while house is being rebuilt/repaired) | |
| and the general public in times of natural disaster, crisis, or other | ief Ministry, is committed to a holistic ministry of helping individuals, families r breaks in normal pattern of living. A portion of this ministry entails direct wned by unrelated individuals, by volunteers who give of their time, talents, and ist. |
| Description of Work/Services to be performed: (check all that | apply) |
| Tree on roof creating hole in roof Tree on roof, l Tree in yard to be cleaned up Debris in yard Roof including plywood missing Roof shingles Structural damage Water in structure Other: | to be cleaned up — Windows/doors damaged/missing only missing — Clean up of interior of home etture |
| Description of Job: | |
| | |
| Special Instructions: | |
| Special Instructions: | RELEASE |
| In consideration of the volunteer services to be rendered on my/our | behalf, |
| In consideration of the volunteer services to be rendered on my/our I/We, the undersigned property owners, do hereby (1) accept such volunte to me/us; (3) release from liability; and (4) agree to hold harmles Southern Baptist Convention, Tennessee Baptist Mission Board, and Convention Disaster Relief, all cooperating Churches and Assoc employees, volunteers, and workers, from any damage or injury t person(s), during or due to the performance of the Work/Services to is no representation or warranty (stated, implied, verbal, or written) the volunteers. I/We further acknowledge that the volunteer services | behalf, |
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[ALL VOLUNTEERS MUST SIGN ON BACK AFTER WORK/SERVICE IS COMPLETED]

Complete this information at the completion of the project. ALL volunteers need to print their name and sign the blank beside their name. Work hours include travel time to and from the housing site or between sites. Return it to the IC.

| | PRINT First Name | PRINT Last Name | Signature | DR Certified | # Hours Worked on this project |
|----------------------|------------------|-----------------|-----------|-----------------|--------------------------------------|
| Unit Director | | | | | |
| <u>Volunteer</u> | | | | | |

Please list all **types** and **size** of equipment, the vehicles pulling them and the hours they were used. This includes equipment trailers, skid steers, track hoes, bucket truck, etc. Hours also include travel time.

| Equipment type | Equipment Size or Model # | <u>Operator</u> | Hours used on this project |
|----------------|------------------------------|-----------------|----------------------------------|
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