

Town of Oak Island
Damage Assessment Team
2020-2021

*Note: All current and new members must fill this form out completely

Name: _____

Mailing Address: _____

Physical Address: _____

Contact Information:

E-Mail: _____

Phone (H) _____ (C) _____ (W) _____

*Please note that your home phone number will be added to the Towns reverse 911 system so that we may contact you in an emergency.

In case of an emergency, please list two contacts that we should notify:

Emergency Contact #1:

Name: _____

Address: _____

Phone: (H) _____ (C) _____ (W) _____

Emergency Contact #2:

Name: _____

Address: _____

Phone: (H) _____ (C) _____ (W) _____

(Please fill out the back of this form also)

Personal and Medical Information

Disclaimer: The Town of Oak Island is requesting the following personal and medical information in case of an emergency. This information will be released only to the appropriate emergency personnel in order to ensure your safety. In no case will this information be disclosed or shared with any other outside agency of person.

Date of Birth: _____

Please let below any disease, ailment, or allergies that should be disclosed to medical personnel in the event of an emergency requiring medical treatment.

Please list any medication that you are currently prescribed and any medications that you are allergic to.

I hereby give permission to the Town of Oak Island to authorize medical treatment on my behalf if I am unable to provide such authorization for myself.

I **do not** give permission to the Town of Oak Island to authorize medical treatment on my behalf.

Volunteer Agreement

I understand that by signing this agreement, I am volunteering to assist the Town of Oak Island in the Hurricane Response/Damage Assessment Team (HRT/DAT) activities; and for the safety and well-being of the entire community, these services that I have agreed to provide must take precedence over my personal and business interests while I am acting in the capacity of a volunteer member of the HRT/DAT. If for personal reasons, I cannot participate, I will notify the coordinator(s) and will be released from my duties. In this instance, I will relinquish all material provided to me and I will be removed from the team until which time that I can fulfill the volunteer duties assigned to me. I agree to follow the rules, policies, and safety guidelines, and the instruction of the HRT/DAT coordinator of the Town of Oak Island and further agree that any and all ID cards, equipment and materials provided to me are the property of the Town of Oak Island and will be surrendered upon request.

I further agree to indemnify, defend, and hold harmless that the Town of Oak Island and its assigns for any reason relating to my participation in the HRT/DAT program and agree that I will not sue the Town of Oak Island or its assigns for any claim for damages occurring while I am acting in the capacity of a HRT/DAT volunteer.

I also understand that the Town of Oak Island reserves the right to deny or revoke membership to the HRT/DAT volunteer program at any time and that participation as a member is subject to the approval of the HRT/DAT coordinator and the Town Manager.

Signature _____ Date _____