FOR ADMIN USE ONLY Assessment entered Job status: DR / DBO / CND Job scanned:	circle, initial, date		Job No	Date out/ Tarp/ Bucket
Southern Baptist Disaster Relief Property Owner Request for Volunteer Assistance			PRIORITY: 1 Grid #	2 3
Please print legibility - Date Property Owner's Name			Assessor:	
Address			-	
City, ST Zip			_	
Cell Phone:				
Do you have insurance? Yes				
Is owner required to be prese				
If owner is not present, can a Special circumstances				
Elderly Widow/wid Description of job:		<del>-</del>	=	-parent
RELEASE (must be signed by I, _(print name ) hereby release from liability	and agree to hold harm		•	
I, _(print name )	and agree to hold harm of my property or to me and and agree that there y said volunteers. I und zation that has limited we said service will be pro- ROVIDE SERVICES.	ny person, which mais no warranty, implerstand that the Sovolunteers, limited footided. Additionally	ay occur during the blied, written or ora uthern Baptist Disa inancial and mater y, I further underst	e cleanup al, for any work aster Relief ial resources, and that THIS I
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Unit Leader's signature: \_

## ALL VOLUNTEERS THAT WORKED ON THIS JOB Print name...../ VID-BADGE # / Sign name / Hours \_\_\_\_\_/\_\_\_/\_\_\_\_/\_\_\_\_\_/

\_\_\_\_\_/\_\_\_\_/

**Notes:**