Southern Baptist Disaster Relief

Property Owner Request for Volunteer Assistance

Job No._____

Duplicate of_____

Work with_____

Chainsaw **Bucket** **B O N** **H. Equip** **B O N**

Tarp **Mud out** **SUV** **Chap**

PRIORITY: **1** **2** **3**

Grid # _____

Assessor_____

Please print legibly - Date _____

Property Owner's Name _____

Address _____

City, State Zip _____

Phone _____ Alt Phone _____

Do you have insurance? Yes No

Homeowner's Request: _____

Owner required to be present for assessment? Yes_____ No_____ For work? Yes_____ No_____

Special circumstances _____

Description of job: _____

_____

RELEASE (must be signed before work begins)

I, (print name) _____ , hereby release from liability and agree to hold harmless the volunteers for any damage or injury that may occur on my property, to any of my property or to my person, which may occur during the cleanup operation. I further understand and agree that there is no warranty, implied, written or oral, for any work performed on my property by said volunteers. I understand that the Southern Baptist Disaster Relief teams are a volunteer organization that has limited volunteers, limited financial and material resources, and makes no guarantee that said service will be provided. Additionally, I further understand that THIS IS NOT A CONTRACT TO PROVIDE SERVICES.

Property Owners Signature _____ Dated this_____day of _____20____

Witness Signature _____ Date: _____

Job Status: **Total Hours:** _____ _____ _____ _____
Man Hrs Equip Hrs Bucket Hrs Tarp Hrs

____ Completed _____ _____ _____ _____ _____ _____ _____
Date Unit Leader Signature Man Hrs Equip Hrs Bucket Hrs Tarp Hrs

Is there any work left that cannot be done? Yes No If yes, describe on next page

If yes, was homeowner informed Yes _____ No
DR Volunteer that Informed Homeowner Date

____ Incomplete _____ _____ _____ _____ _____ _____ _____
Date Unit Leader Signature Man Hrs Equip Hrs Bucket Hrs Tarp Hrs

_____ _____ _____ _____ _____ _____ _____
Date Unit Leader Signature Man Hrs Equip Hrs Bucket Hrs Tarp Hrs

____ Cannot Do _____ _____
DR Volunteer that Informed Homeowner (Printed Name and Initials) Date

____ Done By Other _____ _____
DR Volunteer that Verified with Homeowner (Printed Name and Initials) Date

____ Transferred _____ _____ _____
Site Date Info Relayed By

Last Revised ***2 April 2026***

UNIT REPORT FOR WORK PERFORMED AT JOB LOCATION

Date	Unit	Man Hrs	Equip Hrs	Bucket Hrs	Tarp Hrs

	VID	Name	Signature	Man Hrs	Equip Hrs	Bucket Hrs	Tarp Hrs
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							

Notes (Work remaining/incomplete; concerns; incidents):

Contact Report:

Date	Name

Last Revised ***2 April 2026***