



Flood Relief Volunteer Info

Phone: 304-808-1872 (call or text)

Email: lewisburgVRC@gmail.com

Volunteer WV is a VOAD organization currently working to coordinate volunteers in flood relief area. Our goal is to organize potential volunteers and direct them sites in need of help. Both **unaffiliated volunteers** and **organizations or sites with volunteer needs** should contact us so that we can connect volunteers to sites.

Volunteers already working through other VOAD organizations **do not** need to register with us, but should ensure that their **hours are being tracked** for reporting to FEMA and that they are wearing **wristbands**. Wristbands can be obtained at our main reception center or at any of the satellite reception points.

Main Volunteer Reception Center:

204 North Jefferson Street, Lewisburg, WV
(in the Hub, under Hill & Holler restaurant)

Satellite Volunteer Reception Points:

Rainelle (Old Magic Mart, in Kroger plaza)
White Sulphur Springs (Old White Motors)
Summersville (Nicholas County High School)
Richwood (Family Life Center)

Volunteer Resources

FOOD

Food, water, PPE (gloves, masks, etc), sunscreen, bug spray, and other supplies for volunteers are available at the main VRC in Lewisburg.

HOUSING

Father Chapin of the WSS Catholic Church has limited housing and land for camping available at 325 N Main Street, WSS.

Contact the Lewisburg VRC if you need housing, as more becomes available every day.

TETANUS

Any volunteers handling debris or working in mud/floodwater must have tetanus shots. Many locations in the relief area offer tetanus shots at low or no cost. If you have not received a tetanus shot within the last 5 years, please alert VRC staff so we can refer you to get one.

REPORTING VOLUNTEER HOURS

It is critical that we track volunteer hours, as this gets reported to FEMA and affects relief funding.

Please text or call 304-808-1872 to report your hours daily and include the following information:

- name(s) of volunteer(s) you are reporting hours for
- location(s) you worked at (include street names or addresses if possible)
- what type of work you did (eg. sorting donations, mucking out houses)
- the number of hours each volunteer worked

Disaster Volunteer Registration Form

(Please print clearly. Submit at Volunteer Reception Center or email/fax (see reverse))

Mr. ___ Mrs. ___ Ms. ___ Name _____ Birth Date _____ Day Phone _____
E-mail address _____ Evening Phone _____
Home Address _____ City _____ ST _____ Zip _____
Emergency Contact _____ Relationship _____ Emergency Phone _____
Your Occupation _____ Employer _____
Business Address _____ City _____ ST _____ Zip _____
Are you a year-round resident? Yes No Months you are available _____
If you have any health limitations, please explain _____
I am willing to volunteer in: _____ this county _____ a neighboring county _____ anywhere in the state _____ anywhere in the U.S.
Are you currently affiliated with a disaster relief agency? If yes, name of agency: _____
Special skills and/or vocational/disaster training: _____

Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless [Coordinating Agency, local governments, State of _____, the organizers, sponsors and supervisors of all disaster preparedness, response and recovery activities (**check with local Risk Management and Emergency Management Departments re who should be included**)] from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer disaster effort in which I participate. I likewise hold harmless from liability any person transporting me to or from any disaster relief activity. In addition, disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me during disaster relief efforts.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of _____, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature _____ Date _____

Guardian, if under 18 _____ Date _____

Volunteer's credentials were recorded as presented. Verification of credentials and any background check required are the responsibility of the receiving agency.