



Wrightsville Beach Fire Department

PO Box 626 Wrightsville Beach, NC 28480

Phone 910-256-7920

Fax 910-256-7924

www.towb.org

NAME (Last, First, MI):

TELEPHONE NUMBERS (Provide all that apply)

Home: _____

Office: _____

Cell: _____

Email: _____

ADDRESS:

Physical: _____

Mailing: _____

OCCUPATION (PAST OR PRESENT):

TIMES YOU CAN HELP (Please Circle): BEFORE DURING AFTER

Are you willing to work a night shift? Yes No

Please give a brief description of duties you have had as a volunteer and where you may be able to best serve as a volunteer in the future:

Please list the area you wish to be assigned to from most desirable to least desirable:

_____ Telephone Bank	_____ Distribution/Logistics
_____ Public Information	_____ Damage Assessment

Do you speak a foreign language well enough that you could aid someone in an emergency? If so, what language: _____



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Town Volunteer Release

By signing this Release, I, hereby release, and forever discharge the Town of Wrightsville Beach, its officers, employees, agents and representatives from any and all liability, rights, claims, damages, expenses (including attorney's and expert fees) actions, and suits arising out of or in any way related to my volunteer efforts.

Furthermore, I indemnify and agree to hold and save the Town of Wrightsville Beach, its officers, employees, agents, and representatives harmless from and of all liability, loss, cost, expense, that might arise out of or be in any way related to my participation as a volunteer.

I agree that this Release is intended to be as broad and inclusive as is permitted by North Carolina law, and that if any portion of this Release is determined to be invalid, illegal, unenforceable, the validity and enforceability of the rest of the Release shall not be affected or impaired in any way, and shall continue in full legal force and effect

I have carefully read, and I understand this Release and the consequences of signing this Release, and have signed it of my own free will, in furthermore of my interest.

Volunteer's name (print):

Volunteer signature:

Date:
