

Alamo RCD Disaster Relief Program

Registration Form (Please print in blue or black ink.)



Full Name of HEAD OFHOUSEHOLD:

NAME OF SPOUSE : _____ PHONE: (____) _____

Original FULL ADDRESS: _____

(____) ID check Type of ID and Number: _____ (REQUIRED: Attach Photo copy)

COUNTY of Original Residence: _____ Current COUNTY _____

Current ADDRESS/City/Zip: _____

EMAIL Address: _____ Cell PHONE: (____) _____

Preferred method of Contact: () Phone () Text () Email (Cell Phone will be used by our COMCenter)

Please list the First NAME, AGE and RELATIONSHIP of each of the ADULTS and CHILDREN in your Household:

Name and Address/Phone # of NEXT OF KIN/or FRIEND in area

IMMEDIATE NEEDS (Check all that Apply AND Number the top five from 1-5)

- | | |
|---|---|
| () Food (Shelf stable foods, Microwavable Foods) | () Pet Food |
| () Prepared Meals | () Special Needs for an illness or disability |
| () Clothes/Shoes | () Assistance with other Service Registrations |
| () Toiletries/Personal Hygiene | () Other: (Please List) |
| () Medical Help | _____ |
| () Diapers or Depends/Poise (for Seniors) | _____ |
| | _____ |

PHOTOS AND PUBLICATIONS: Please check where appropriate.

- ✓ Do you want to allow photos of and from your family to be used in publications, web, or social media?
() Yes, () No.
- ✓ Do you and your family want to be identified in publications, web or social media? () Yes () No

Please continue to the back of the form and SIGN where indicated ----->

PLEASE provide us with a note about your experiences during this Disaster AND also help us learn more about your need. This note may be used for our publications both online and off, but you will only be identified if you give us permission.

Other agencies that have assisted you to date and how: (include name and \$\$ amounts)

Statement of Release of Liability:

I, the undersigned, being the Head of Household of the family mentioned on this form, agree to **RELEASE and DISCHARGE, as a representative of my family,** the Alamo Resource Conservation & Development Area Inc. (Alamo RCD), including their directors, volunteers, agents, aids, contract labor and employees, OF AND FROM ANY AND ALL LIABILITY for, but not limited to, BODILY INJURY, DEATH, and PROPERTY DAMAGE which arises out of or is connected with the Alamo RCD Disaster Relief Program activities and assignments that may occur during said activity, or any associated activity or through a product provided.

I hereby give my family permission to become a Participant in the Alamo RCD Disaster Relief Program. I understand that all program applications/ submissions become the property of Alamo RCD and will not be returned. I also agree to verify my status as a Disaster displaced family with an ID such as my driver's license or other form of picture ID or proof of residence in the Declared Disaster affected area of Texas. I also agree that all products and services provided will be used by my family and not sold or marketed or traded to any other party.

X _____
(Signature)

Date

<<<<<<<<<< Please return completed and signed form to representative at Relief Event or if online, please email form to alamorcd@gmail.com >>>>>>>>>>>>>>

Alamo RCD, 215 West Bandera Rd. Ste 114-456, Boerne, Texas 78006
www.alamorcd.org www.facebook.com/alamorcd (UD 07/07/25)