

Dan Wilcox
Mayor

Tom Bridges
Council Member

Steve Shuttleworth
Council Member



LeAnn Pierce
Mayor Pro Tem

Gary Doetsch
Council Member

Michael Cramer
Town Manager

**TOWN OF CAROLINA BEACH
2016 HURRICANE VOLUNTEER APPLICATION**

Instructions: Please complete the application and return to:
Sheila Nicholson, Admin. Assistant to the Town Manager
1121 N. Lake Park Blvd.
Carolina Beach, NC 28428
You may also email the application to sheila.nicholson@carolinabeach.org

NAME (Last, First, MI): _____

TELEPHONE NUMBERS (Provide all that apply)

Home: _____

Office: _____

Cell: _____

Email: _____

ADDRESS: _____

OCCUPATION: _____

TIMES YOU CAN HELP (Please Check): 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 committees you wish to be assigned to from most desirable to least desirable (1 – 5):

_____ Telephone Bank _____ Food Bank

_____ Public Information _____ Damage Assessment

_____ Distribution Control

Do you speak a foreign language well enough that you could aid someone in an emergency?

If so, what language: _____

Beneficiary Designation for Accident & Sickness Policy

Complete this block each time this form is used—Please Print

Name of Organization Town of Carolina Beach State NC

Member's /Employee's Name _____

Member's Date of Birth _____ Date Member Joined Organization May 2016

Complete, sign and date this block if you wish to name or change your beneficiary.

I hereby designate the following beneficiary(ies) with respect to amounts payable as indemnity for loss of life under the referenced Accident & Sickness Policy and hereby revoke any designation of beneficiary thereunder heretofore made by me. I direct that any amounts payable under said policy to my beneficiary(ies) named below be paid to those of Primary Beneficiary who survive me, otherwise to those surviving in Contingent Beneficiary, in proportion to the percentages listed.

Primary (Please refer to back of form for examples)

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

Contingent

Beneficiary: Name _____ Relationship _____ Date of Birth _____ Share _____ %

Name _____ Relationship _____ Date of Birth _____ Share _____ %

If none of the above-named beneficiaries are living at the time of my death, I direct that payment be made in accordance with the terms of the policy. I reserve the right to revoke or change this designation.

Signature _____ Date _____

This form should be retained in the files of your department or organization and reviewed and updated on a regular basis.

Specifying Beneficiaries

Individual (always show relationship to the insured)	*Primary Beneficiary	**Contingent Beneficiary	Second Contingent Beneficiary
One Beneficiary	Jane Ann Jones, wife, 100%	(leave blank)	(leave blank)
One Primary Beneficiary and one Contingent Beneficiary	Jane Ann Jones, wife, 100%	David Lee Jones, son, 100%	(leave blank)
Two primary beneficiaries and one contingent beneficiary	Arthur Leo Jones, father, 50% Grace Hays Jones, mother 50%	Marie Jones Ford, sister, 100%	(leave blank)
One Primary Beneficiary, unnamed children as first Contingent Beneficiary and two second Contingent Beneficiaries	Jane Ann Jones, wife, 100%	Children born of my marriage to Jane Ann Jones, to share equally	Arthur Leo Jones, father, 50% Grace Hays Jones, mother, 50%
Unequal distribution (always use percentages)	Grace Hays Jones, mother, 50% Mary Jones Ford, sister, 25% William Roger Jones, brother, 25%	Surviving Primary Beneficiaries share equally in the portion designated for any Beneficiary(ies) who predeceases the insured	(leave blank)
Insured's Estate	Executors, Administrators or Assigns of the Insured	(leave blank)	(leave blank)

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.



TOWN OF CAROLINA BEACH

RELEASE OF LIABILITY AND INDEMNIFICATION

Town Volunteer

By signing this Release, I, (*and for my child and as a parent or guardian of my child named below, if a child under 18 years of age is volunteering*) hereby release, and forever discharge the Town of Carolina 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 (or my child's) volunteer efforts.

Furthermore, I indemnify and agree to hold and save the Town of Carolina 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 (my child's) 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 (or my child's) interests.

Volunteer's name (print): _____

Volunteer signature: _____ Date: _____

IF A VOLUNTEER IS UNDER THE AGE OF 18, THEIR PARENT OR LEGAL GUARDIAN MUST ALSO SIGN:

Parent/Guardian name (print): _____

Parent/Guardian signature: _____ Date: _____