

Disaster Assistance Insuror Volunteer Network Enrollment Form

Instructions:

The INSURORS of Tennessee Disaster Committee is organizing a voluntary network of independent agents who would be willing to provide quantities of office supplies and/or to personally assist with claims and related duties in the offices of other INSURORS members in areas hit by a disaster.

This enrollment form is intended to indicate your willingness and desire to help, but it does not imply an obligation to participate in assistance efforts should circumstances not permit. Before you complete this form, please discuss the matter with your staff and give serious consideration to what assistance you can realistically offer. Be sure to keep in mind the following:

- If you offer agency personnel, be sure you have people who can afford to be away from their family and agency obligations;
- **If you are the agency in need, please make sure that the contact person listed is the best person to coordinate ALL the assistance for your agency.

Also indicate how you will utilize your volunteers and make sure that you will have some way to house them while they are in your area.

We ask that you provide specific information about the volunteers from your agency if you volunteer to send personnel. In the 'area of expertise' field please indicate if the person has a special skill such as claims, coverages, customer service etc...

If you are ever called upon, we hope you will participate. Your level of assistance is entirely up to you!

Individual Volunteer Information:

Name: _____

Email _____

Cell Phone _____

Area of Expertise _____

Name: _____

Email _____

Cell Phone _____

Area of Expertise _____

Name: _____

Email _____

Cell Phone _____

Area of Expertise _____

If your agency can provide additional volunteers please include their information on a separate page.

Agency Information:

Agency: _____

Mailing Address _____

Location Address _____

City _____

State and Zip _____

Telephone _____

Fax _____

**Contact Person _____

Cell Phone _____

Email _____

Home Phone _____

Type of Computer/Agency Management System _____

Companies Represented _____

Assistance Offered:

Office Supplies Personnel

How long can this assistance be offered? _____

If you are close to the stricken area, could you assist in housing volunteers? _____

If your agency receives assistance...

How will you utilize volunteer personnel? _____

Is it important that volunteer personnel be familiar with your computer system or your companies? Yes No

Confidentiality Statement: Any personal contact information (cell phone numbers) provided will be held in the strictest confidence and used only in the event of a disaster.

Please return this form to:

Insurors of Tennessee/Disaster Committee
2500 21st Avenue South, Suite 200
Nashville, TN 37212

Or fax to:

615-385-9303

