



Request for Assistance (Furniture)

Date of Application _____

Name _____ Date of Birth ___/___/___ Last 4 digits of your SSN#: _____

Current Address _____ City _____ ZIP _____

Phone (____) ____-____ Email address _____

Referring Agency _____ Contact _____ Phone _____

Did your primary residence flood? ___ Yes ___ No If yes, list FEMA # _____

Do you have flood insurance? ___ Yes ___ No If YES, did you have content insurance? ___ Yes ___ No

List name/age of others in household who live with you on a permanent basis:

Name _____ Age ___ Name _____ Age ___ Name _____ Age ___

Name _____ Age ___ Name _____ Age ___ Name _____ Age ___

Name _____ Age ___ Name _____ Age ___ Name _____ Age ___

Have you applied to another agency for assistance with household/furniture donations? ___ Yes ___ No

If Yes, explain _____

Our goal is to distribute items to as many families as possible.

Rank the items below from 1-10 (1 most needed to 10 least needed)

- ___ Sofa ___ Love seat ___ Sleeper sofa ___ Recliner ___ Arm chair
___ Desk ___ Desk chair ___ End table ___ Table/Chairs ___ Single chair
___ Bookcase ___ Entertainment Center ___ Lamp ___ Coffee table ___ Dining table/Set

Rank the items below from 1-10 (1 most needed to 10 least needed)

- ___ King Mattress ___ King BoxSpring ___ QueenMattress ___ Queen BoxSpring
___ Full Mattress ___ Full BoxSpring ___ TwinMattress ___ Twin BoxSpring
___ Headboard ___ Footboard ___ Crib & Mattress ___ Dresser ___ Chest of drawers ___ Night stand

To complete your application, sign the attached waiver and return to your agency contact person or email to floodaid@voagbr.org

For official use only. (Applicants, do not write below this line)

Client _____ Client Agent _____

VOA Agent/program _____ Date Application Rec'd _____

Comments/items received _____

FURNISHAID FURNITURE DONATION

RELEASE OF LIABILITY

I understand that the furniture donated through this program is for my personal use only. Donated furniture is not to be re-sold or used for commercial purposes.

I understand that Volunteers of America Greater Baton Rouge (VOAGBR) may share my personal information with its partner agencies for the purposes of coordinating the distribution.

I understand that FurnishAid, Service Outreach Furniture Acadiana (SOFA), and VOAGBR and its partner agencies cannot guarantee what style and make of furniture is distributed.

I understand that I am responsible for all pickup, loading and delivery services. FurnishAid, SOFA and VOAGBR and its partner agencies are not responsible for pickup, loading or delivery services nor will they provide any items such as tie down straps, tape, bungee cords, ropes, or moving pads.

I waive any liability on the part of FurnishAid, SOFA, and VOAGBR and its partner agencies in the case of physical injury to myself or damage to my personal property while engaged in picking up, loading, or unloading donated furniture. FurnishAid, SOFA, and VOAGBR and its partner agencies are also not responsible for any future damages or injury connected to the donated furniture. In addition, I absolve the furniture manufacturer from any liability associated with the donated goods.

PHOTOGRAPHY/VIDEO RELEASE

I give to Volunteers of America Greater Baton Rouge (VOAGBR), its nominees, agents and assigns my free and unlimited consent and permission, waiving all claims for any compensation by reason thereof or for damages by reason thereof, to use, publish/broadcast, republish/rebroadcast or exhibit in the furtherance of its work, with or without identification of me by name.

And to disseminate statements referring to me in conjunction therewith if VOAGBR so desires and to authorize any media, company, partner agency or organization to use, publish/broadcast, republish/rebroadcast or exhibit said photograph/video with or without identification of me by name and to publish/broadcast or disseminate statements referring to me in conjunction therewith in the promotion of VOAGBR and any of its fund-raising campaigns or marketing materials.

I have read the above information and agree to abide by the terms contained within. By signing this application, I certify that the answers I have provided are true, complete and accurate to the best of my knowledge.

Name (Please Print)

Signature

Date