

JERRY'S SQUAD

HURRICANE PREPAREDNESS ASSISTANCE

REGISTRATION

INSTRUCTIONS

Complete application in its entirety. Only one (1) application per household will be processed. For more information in completing this application, please contact Town of Miami Lakes Committees & Special Events Coordinator at (305) 364-6100. Return your completed application to Town of Miami Lakes, Community Engagement & Outreach Department, 6601 Main Street, Miami Lakes, FL 33014 or via email at pastoraa@miamilakes-fl.gov.

CRITERIA

The Jerry's Squad Hurricane Preparedness Assistance program is open to Town of Miami Lakes residents ONLY who are elderly, frail, live alone and will shelter in place during a storm.

Property Owner Information

Name: _____ Phone: _____

Property Address: _____ ☐ Owned ☐ Rented

**Hurricane Shutter Installation Assistance will only be provided to first floor of your home.*

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widow ☐ Separated

Household Size: _____ under the age of 18, _____ 18-64, _____ over the age of 65

**To determine your household size include yourself, your spouse, and the number of people who live with you.*

During a storm, do you plan to stay at the address above? ☐ Yes ☐ No

Hurricane Preparedness Assistance Request *(Shutters must be in working condition.)*

Please check assistance type: Shutter Installation: ☐ Plywood* ☐ Panel ☐ Accordion

**only pre-measured and pre-drilled plywood shutters will be considered*

☐ Heavy furniture and/or plants

Waiver and Consent

In consideration of participation in the activities and use of the facilities and equipment provided by the Town of Miami Lakes, I, for myself and for my heirs, personal representatives, executors, agents, and assigns, personal representatives, executors, and assigns do hereby knowingly freely, and voluntarily assume all risk and liability for any damage or injury to person or property that may occur as a result of my participation in activities or use of any facilities or equipment of the Town of Miami Lakes, and do hereby release, discharge, and covenant not to sue the Town, its Town Council, Mayor, Town Councilmen, Manager, Appointed Officials, any Town Department or subdivision, its employees, attorneys, servants, representatives, officers, volunteers, agents, counters and successors and assigns from and against any and all claims, demands liens, liabilities, judgments, losses, and damages (whether or not a lawsuit is filed) including, but not limited to costs, expenses, and attorney's fees, at trial and on appeal brought for, by or on behalf of myself against the Town, its Town Council, Mayor, Town Councilmen, Manager, Appointed Officials, any Town Department or subdivision, its employees, attorneys, servants, representatives, officers, volunteers, agents, counters and successors and assigns, arising out of or in connection with in whole or in part, directly or indirectly, my attendance and /or participation or use of any Facilities or Equipment of the Town of Miami Lakes. Additionally, I shall indemnify and hold the Town, its Town Council, Mayor, Town Councilmen, Manager, Appointed Officials, any Town Department or subdivision, its employees, attorneys, servants, representatives, officers, volunteers, agents, counters and successors and assigns harmless from the use of any facility or equipment caused by negligence recklessness, intentional misconduct, or any act or omission by myself.

Both you and your spouse (if applicable) must sign here for this application to be accepted.

Signature of Applicant

Signature of Spouse/Partner (if applicable)

Date

Submitting the application does not guarantee enrollment in the Hurricane Preparedness Assistance Program.

Office Use Only

Date Submitted: _____ This application has been: ☐ Approved ☐ Denied

Reason for denial: _____

Committee Member Signature

JERRY'S SQUAD

QUESTIONNAIRE

Property Information

Name: _____ Phone: _____

Property Address: _____

Questions

1. What type of shutters do you have?
☐ Plywood* ☐ Panel ☐ Accordion
 - a. If you have panel type shutters, do you have all parts? Screws, bolts, etc.
2. Are you shutters functional?
3. When was the last time you checked the operation of shutters?
4. How many windows are there?
5. How many doors are there?
6. How many floors are in your home?
7. If there is an 18-64 residing in the home, how old is the individual?
8. Outdoor furniture and/or plants size and weight?

Office Use Only

JERRY'S SQUAD

HURRICANE PREPAREDNESS ASSISTANCE

Property Information

Name: _____ Phone: _____

Property Address: _____

Please Initial

- ☐ I understand this program is based on the availability of volunteers.
- ☐ I understand I will be contacted when a Hurricane Warning is issued.
- ☐ I understand that volunteers will not be making any repairs to my home or shutters.
- ☐ I certify that my shutters are in working condition.

Waiver and Consent

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Signature of Applicant

Date

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of 20____, by _____.

(SEAL)

Signature of Notary