



TROPICAL STROM FRED VOLUNTEER INFORMATION



Site Phone Number: 828.734.0199

Site Email: f.aug21.crestview@ncmissions.org

Site Coordinator: Jimmy Lawrence

SITE INFORMATION:

CHECK IN and Lodging AT THIS LOCATION:

3258 Pisgah Drive

Canton, NC 28716

NC Baptists On Mission Disaster Relief Position Statement Regarding COVID-19

In an attempt to prevent the spread of COVID-19, or any other flu-like illnesses, NCBOM requests that anyone with a fever greater than 99.1, cough, runny nose, sore throat, or trouble breathing, not participate in NCBOM related activities. For this response, we will wear masks indoors at all times, except for sleeping and eating.

We will use hand sanitizer, practice social distancing and wash hands frequently.

Logistics: sleeping, showers, and food are provided at site. You will need to provide your own cot, air mattress and bedding items, towels, washcloths etc.

Youth Groups: Youth groups are able to help in the recovery process. Please make sure you have a ratio of 1 adult for every 3 youth. Youth must be in 6th grade or higher.

Information about background checks, parental waivers, etc. can be found in this packet of information.

Nature of Work: to serve those who have been affected by the recent flooding. Please remember that debris removal is only the tool for reaching people for Christ. Love them and pray for them.

What To Bring list is included in this packet.

For more information, please call the site number above.

Wear appropriate clothing and shoes for chainsaw and debris removal, check with the site at the number listed above to see if you need to bring gloves, eye wear and tools.

Paperwork: (BRING ALL FORMS TO THE SITE)

Each team member must complete and turn in a medical form (include in this packet)

All those 18 and older must complete and sign an Adult liability release form. (included in this packet)

All youth completing 6th grade – 17 years old must have a parent complete and sign a Youth liability release form (included in this packet)

WHEN YOUTH are attending and your group is SPENDING THE NIGHT, all those 18+ must complete a background check (form included in the packet)

DRIVER FORM – Please complete for all vehicles and drivers and bring with you to the site.

VOLUNTEER REGISTRATION FORM – Please complete and bring with you to the site.

If you have trained with NC Baptists on Mission Disaster Relief, please go to the website:

www.baptistsonmission.org to print your profile to bring with you. If you cannot print a profile, please see the information above and complete what pertains to you.

What To BRING

This is a standard list to help you organize for your trip.

Items with are specific for this trip.

Devotional Materials:

Bible Devotional

Identification:

Disaster Relief ID (if available) Driver's License Vehicle Registration Phone Numbers

Insurance Information: (List Company, Policy Number, Coverage, Agent, Phone Number)

Auto (if driving) _____

Life (if applicable) _____

Other: ** (Electrolyte supplements – such as Propel/ Gatorade) to aide in hydration. We do have water for teams on site.

Money (\$50 -\$200)
Notebook, Pens, Pencils
Disaster Relief or Disaster Recovery Manual (if you have one)
Flashlight or Lantern
Sleeping Bags
Cot/Air Mattress (**NO DOUBLES**)
Clock

Clothing: (Four-Day Supply)

Disaster Relief Hats (if you have one)
Jeans or Work Pants
Socks (2 per day, white or wool blend)
Bandannas or handkerchiefs
Coats or jackets
Hat or Cap
Sleepwear

Laundry Bag (put your Name on it)
Shirts (warm & cool weather)
Underwear
Work Gloves
Rain Gear or Poncho
Suitcase or Duffel Bag

EAR PLUGS

Shoes/Boots:

Work Shoes or Boots Sneakers Waterproof Footwear

Health, Safety, & Hygiene: all apply

Prescription Medication

Allergy Kits
Bar Soap
Personal Needs
Mouthwash
Dental Floss
Hair Spray
Razor
Laxatives
Blister Kit
Foot Powder
First Aid Kit

Non-Prescription Drugs
Liquid Antibacterial Soap
Deodorant
Towels
Toothbrush
Shampoo and Conditioner
Lip Balm
Diarrhea Medicine
Insect Spray
Antibiotic Ointment
Eye Protection

Sun block (15+)
Laundry Detergent
Feminine Needs
Wash Cloths
Toothpaste
Comb or Brush
Shaving Cream
Antacids
Skin Lotion
Anti-fungal Ointment
Ear Protection

Food:

Diet Food Snacks Water (bottles or cooler)



North Carolina Baptist Disaster Relief
 PO Box 1107
 Cary, NC 27512 - 1107
 (800) 395-5102 Fax (919) 460-6329



NC Baptists On Mission - General Medical Information

Name : _____ (Last) (First) (Middle)	Birthdate: _____ Age: _____ Sex: M F Marital Status: _____ Weight: _____ Height: _____
Address: _____ City: _____ State: _____ Zip: _____	Home Phone: (____) _____ Mobile: (____) _____ Email Address: _____
Emergency Contact Person: _____ Emergency Contact Phone: _____	Church: _____ Association: _____

MEDICAL STATEMENT (All information requested below must be filled out before participant can take part in the disaster relief program.)

a. General Health (circle): GOOD FAIR POOR

b. Limitations: _____

c. Do you have any of the following? If yes, please explain type and severity.

Medication Allergies	No	Yes _____
Food Allergies	No	Yes _____
Other Allergies	No	Yes _____
Asthma	No	Yes (Epinephrine or Hospitalization Required?) _____
Diabetes	No	Yes (Insulin Required?) _____

d. Do you have history of (circle): Heart disease Hypertension Appendectomy Epilepsy Sleep Apnea

e. Tetanus shot updated? (year) _____

f. Please list any medications in the table below.

Medication:	Reason:	Dosage (mg per day):
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Medication:	Reason:	Dosage (mg per day):
Medication:	Reason:	Dosage (mg per day):

g. Medical treatment received in the past year: _____

h. Have you been exposed to any contagious disease in the past six months? _____ If yes, what? _____

Physician's Name: _____	Address: _____		
Office Phone: (____) _____	City: _____	State: _____	Zip: _____

CONSENT - I hereby give permission for my son / daughter / self (if under 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.

Signature: _____ Date: _____

INSURANCE

Name of insured: _____ Policy number: _____	Name of insurance company: _____
Address of insured: _____	Address of insurance company: _____

You must bring this completed form and turn in at registration.



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ADULT PARTICIPANT LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the NC Baptists on Mission.

As a volunteer with NC Baptists on Mission projects, I confirm that I am not going as a duly elected representative of my local Baptist church, Baptist Association, Baptist State Convention of NC or NC Baptists on Mission, nor as an employee of the Baptist State Convention of NC or NC Baptists on Mission.

Please print: I, _____ acknowledge and state the following: I have chosen to perform _____ resulting from _____.

I understand that this work is hazardous and entails risk of physical injury and often involves hard physical labor, heavy lifting, strenuous activity, long work hours, use of ladders, construction on roofs or other raised surfaces, screws, nails, broken glass, electrical hazards, falls, unloading supplies, accidents while traveling, cuts, bruises, burns, falling debris, falling trees/limbs, and other hazards foreseeable and unforeseeable that are associated with this type of activity. I recognize and acknowledge potential accidents at the disaster site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the disaster relief team; am fully aware of possible injuries to members of the disaster relief team, including myself. I understand these dangers and certify that I am in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected. I assume all risk and responsibility for any damage or injury to my property or any personal injury that I may sustain while involved in this project, and related medical costs and expenses. I also understand that each individual will have the responsibility of providing his or her own health and accident insurance in the event of any illness or injury experienced during this volunteer mission.

In the event that the BoM/NCBM arranges accommodations, I understand that they are not responsible for my personal effects and property and that they will not provide lock-up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

Parents are responsible for children that are minors and the church group leader is responsible for youth under age 18. This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein above stated. I understand that this form will remain in effect for this project and all future projects unless myself or a representative of the NC Baptists on Mission give notice.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold the local Baptist Church, my Baptist Association, Baptist State Convention of NC and/or the NC Baptists on Mission together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith.

Signature: _____ Date: _____	Church: _____
Address: _____	Email: _____
City: _____ State: _____ Zip: _____	Cell Phone: (____) _____
Witness: _____ Date: _____	<p style="text-align: center;">Emergency Contact Information</p> Name: _____ Cell Phone: _____



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Youth Liability Release Form

TO BE SIGNED BY A PARENT OR LEGAL GUARDIAN OF ANYONE LESS THAN 18 YEARS OF AGE

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the NC Baptists on Mission.

As a volunteer with NC Baptist Disaster Relief projects, I _____ confirm that _____ (child's name) is my child, is less than 18 years old, and is not going as a duly elected representative of my local Baptist church, Baptist Association, Baptist State Convention of NC or NC Baptists on Mission, nor as an employee of the Baptist State Convention of NC or NC Baptists on Mission.

I understand that this work is hazardous and entails risk of physical injury and often involves hard physical labor, heavy lifting, strenuous activity, long work hours, use of ladders, construction on roofs or other raised surfaces, screws, nails, broken glass, electrical hazards, falls, unloading supplies, accidents while traveling, cuts, bruises, burns, falling debris, falling trees/limbs, and other hazards foreseeable and unforeseeable that are associated with this type of activity. I recognize and acknowledge potential accidents at the disaster site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the disaster relief team; am fully aware of possible injuries to members of the disaster relief team, including myself and my child. I understand these dangers and certify that my child is in good health and physically able to perform this work. I agree to be present with my child at all times. I agree that my child will not operate motorized equipment.

I understand that my child is engaging in this project at his/her own risk. I understand that this is a "grass roots" activity to support individuals adversely affected. I assume all risk and responsibility for any damage or injury to my property or any personal injury that my child may sustain while involved in this project, and related medical costs and expenses. I also understand that I have the responsibility of providing my child's health and accident insurance in the event of any illness experienced during this volunteer mission.

In the event that the NC Baptists on Mission arrange accommodations, I understand that they are not responsible for my child's personal effects and property and that they will not provide lockup or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that my child is to abide by whatever rules and regulations may be in effect for the accommodations at that time.

This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein above stated. I understand that this form will remain in effect for this project and all future projects unless I, or a representative of the NC Baptists on Mission give notice.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold the local Baptist Church, my Baptist Association, Baptist State Convention of NC and/or the NC Baptists on Mission together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my child's participation in this project, and travel or lodging associated therewith.

PERMISSION TO TREAT AND PHOTO or VIDEO NOTICE

My permission is granted for the NCBOM STAFF, VOLUNTEER STAFF, CHURCH OFFICIAL, or ADULT present or in charge to obtain necessary medical attention in case of sickness or injury to my child. I also understand that as a participant, my child may be photographed or videotaped during normal mission trip activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors, volunteers, the Baptist State Convention of North Carolina and their employees and North Carolina Baptists on Mission from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while my child is on the mission trip.

Please complete and sign below (students under 18 years of age require parent or legal guardian signature)

Participants Name: (print/SIGN)	Date:
Parent/Guardian Name: (print/SIGN)	Date:



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PO Box 1107
Cary, NC 27512-1107

To be filled out by a parent/guardian not accompanying a minor child

Parental Permission Form

I, _____ give permission for _____ to act
as guardian of my daughter/son, _____, for the duration of their
stay in _____ while performing Disaster Relief with NC Baptist On Mission.

PARENT SIGNATURE: _____ Date: _____

ACTING GUARDIAN SIGNATURE: _____ Date: _____

Disaster Recovery YOUTH GROUP Background Check Information and Form
(PLEASE BRING TO RECOVERY SITE– DO NOT MAIL)

A background check must be performed on each person attending a Disaster Recovery site 18 years old and above. This includes both youth and adults who are 18 years old and above. You, as a church, can choose which agency is used to perform the background checks on each person 18 years old and above. If your church already provides background checks, you can use this information. North Carolina Baptist Men/Baptists on Mission has a contract with Protect My Ministry in which you can obtain background checks. The link for Protect My Ministry is: <https://www.protectmyministry.com/ncbc/>. The Baptist State Convention of North Carolina uses First Point. If you would like to set up an account with First Point, please contact Scott Hall at 800.288.7408, ext. 3037 or send him an email at shall@firstpointresources.com. You will be given a special rate of \$10 per person for the appropriate background check. He will be glad to help you set up an account. If you choose to use First Point, setting up an account takes some time. If any background check comes back with a felony or serious driving issue, you must contact Tom Beam to discuss the issue at 800.395.5012, ext. 5605. (No personal information needs to be shared, only incident or issues)

As a reminder, you do not have to use Protect My Ministry or First Point. You can use another reputable company.

(Conducting background checks is a Baptist State Convention Policy that Disaster Relief/Recovery is required to abide by)

PLEASE BRING THE FOLLOWING FORM COMPLETED TO the site (DO NOT MAIL OR EMAIL)

Disaster Recovery Location _____ Date _____

The following people from _____ (name of church)

Located at _____ (street address) _____ (city and state)
 have been cleared by background checks – performed by a professional company – to accompany, chaperone, work with youth or participate in other activities at a Disaster Recovery site during the dates of _____.

Any person who is found to have criminal convictions related to sexual offenses shall in no case be permitted to attend.

Name of Adult	Indicate what person is doing: chaperoning, driving a vehicle, skill, etc.

Use more than one sheet if necessary
 This form is certified by signature of pastor of the church, chairperson of deacons, head of personnel committee, or other church staff or member in a leadership position.

Position in Church _____

Printed name _____

Signature _____ Date _____

