



Helene ERR/Rebuild Spruce Pine VOLUNTEER



Site Phone Number: **910-857-8978**

Site Email: sprucepine.rebuild@ncmissions.org

SITE INFORMATION: **First Baptist Spruce Pines**
125 Tappan St
Spruce Pines, NC 28777

NC Baptists On Mission Position Statement Regarding Illness

In an attempt to prevent the spread of COVID-19, or any other flu-like illnesses, BOM requests that anyone with a fever greater than 99.1, cough, runny nose, sore throat, or trouble breathing, not participate in BOM related activities. Please use hand sanitizer, and wash hands frequently.

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

Youth Groups: Youth groups are able to help in the rebuild process. Please make sure you have a ratio of 1 adult for every 3 youth. Youth must be in 8th grade or higher.

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

Nature of Work: Teams will be making Essential Rapid Repairs (ERR) to homes damaged by Hurricane Helene making them safe, sanitary and functional (not finished). Please remember that this work is only the tools for reaching people for Christ. Love them and pray for them.

What To Bring list is included in this packet.

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)

If you have trained with NC Baptists on Mission Disaster Response, please go to the website: www.baptistsonmission.org to bring a printed profile with you.

Anyone not trained with NC Baptists on Mission Disaster Response must complete a medical form (included in this packet)

All youth completing 8th 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)

Volunteer Check-In: When your group arrives, each group member will be asked to check in electronically. The team leader will give all paperwork for your team to the admin volunteers.

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) | ✓Sleeping Bags |
| ✓Notebook, Pens, Pencils | ✓Cot/Air Mattress (NO DOUBLES) |
| ✓Disaster Relief or Disaster Recovery Manual (if you have one) | ✓Clock |
| ✓Flashlight or Lantern | |

Clothing: (Four-Day Supply)

- | | |
|---|------------------------------------|
| ✓Disaster Relief Hats (if you have one) | ✓Laundry Bag (put your Name on it) |
| ✓Jeans or Work Pants | ✓Shirts (warm & cool weather) |
| ✓Socks (2 per day, white or wool blend) | ✓Underwear |
| ✓Bandannas or handkerchiefs | ✓Work Gloves |
| Coats or jackets | ✓Rain Gear or Poncho |
| ✓Hat or Cap | ✓Suitcase or Duffel Bag |
| ✓Sleepwear | EAR PLUGS |

Shoes/Boots:

- | | | |
|----------------------|-----------|----------------------|
| ✓Work Shoes or Boots | ✓Sneakers | ✓Waterproof Footwear |
|----------------------|-----------|----------------------|

Health, Safety, & Hygiene: ✓ all apply

- | | | |
|--------------------------------|---------------------------|----------------------|
| Prescription Medication | Non-Prescription Drugs | Sun block (15+) |
| Allergy Kits | Liquid Antibacterial Soap | Laundry Detergent |
| Bar Soap | Deodorant | Feminine Needs |
| Personal Needs | Towels | Wash Cloths |
| Mouthwash | Toothbrush | Toothpaste |
| Dental Floss | Shampoo and Conditioner | Comb or Brush |
| Hair Spray | Lip Balm | Shaving Cream |
| Razor | Diarrhea Medicine | Antacids |
| Laxatives | Insect Spray | Skin Lotion |
| Blister Kit | Antibiotic Ointment | Anti-fungal Ointment |
| Foot Powder | Eye Protection | Ear Protection |
| First Aid Kit | | |

If you have a CPAP, bring power strips and extension cords

Food:

- | | | |
|--|---------|----------------------------|
| ✓for any special diet (we cannot always guarantee special menus) | ✓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)	Birthday: _____ 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):
Medication:	Reason:	Dosage (mg per day):
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 self / son / daughter (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.



North Carolina Baptist Disaster Response

PO Box 1107

Cary, NC 27512-1107

(800) 395-5102 Fax (919) 460-6329

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 Response 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:



North Carolina Baptist Disaster Response
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 son/daughter, _____, for the duration of
their stay in _____ while performing Disaster Response with
North Carolina Baptists on Mission.

PARENT SIGNATURE: _____ Date: _____

ACTING GUARDIAN SIGNATURE: _____ Date: _____

BACKGROUND CHECK INFORMATION & FORMS

Form to be Filled Out and Taken With Team to the Field (Copy Should be Kept in Church Office as Well)

The following people from _____ (name of church) located at
_____ (street address) in _____ (city and state)
have been cleared by background checks - performed by a professional company - to accompany, chaperone, or work with
children and/or youth during our church mission trip to _____ (city and state) the week of
_____ (date).

**Any person who is found to have criminal convictions related to sexual offenses should in no case
be permitted to serve as a chaperone or otherwise work with children or youth.**

<u>Name of Adult</u>	<u>Indicate what person is doing such as chaperoning, driving children/youth, working with Bible studies, working with activities, etc.</u>

Use more than one sheet if necessary.

Certified by signature of pastor of the church, chairman of deacons, head of personnel committee or
other church staff or member.

Position in church: _____

Printed name: _____

Signature: _____ Date: _____