



Lutheran Disaster Response -Bethlehem Volunteer Center

Individual Skill Sheet

(Required for all volunteers – use in gathering info for Group Roster & Skill Sheet)

Name \_\_\_\_\_

To use your time and talents to the greatest benefit while you are volunteering, please indicate which of the following skills you have and also the level of skill you have using the following chart:

- 0 = I am unable to do or am not interested in this skill
- 1 = I don't know how but am willing to learn/try
- 2 = I have done it before but still need help to do
- 3 = I can do a good job by myself
- 4 = I can do a good job and can guide/teach other

**Skill Level**

**Skill**

- \_\_\_\_\_ Carpenter - Rough
- \_\_\_\_\_ Carpenter - Finish
- \_\_\_\_\_ Clean up
- \_\_\_\_\_ Mason-Bricklayer
- \_\_\_\_\_ Construction Layout
- \_\_\_\_\_ Contractor....I hold a license in the state of \_\_\_\_\_
- \_\_\_\_\_ Drywall Hanger
- \_\_\_\_\_ Drywall Finisher
- \_\_\_\_\_ Egress Window
- \_\_\_\_\_ Electrician.... I hold a license in the state of \_\_\_\_\_
- \_\_\_\_\_ Flooring – Carpet
- \_\_\_\_\_ Flooring – Ceramic Tile
- \_\_\_\_\_ Flooring – Underlay
- \_\_\_\_\_ Flooring – Wood/Laminate
- \_\_\_\_\_ Flooring – Vinyl
- \_\_\_\_\_ Framing
- \_\_\_\_\_ Heating/cooling
- \_\_\_\_\_ Heavy equipment operator \_\_\_\_\_ CDL= yes no
- \_\_\_\_\_ Insulation
- \_\_\_\_\_ Painter
- \_\_\_\_\_ Plumber....I hold a license in the state of \_\_\_\_\_
- \_\_\_\_\_ Roofer

OR  
I would love to stay in camp and help with:     cleaning     food preparation     tool maintenance

Other Skills/Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Participant Liability Release**  
**(Required for all volunteers)**

**Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer.**

I, \_\_\_\_\_, acknowledge and state the following: I have chosen to perform clean-up/construction work in response to Louisiana hurricanes.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity, work around mold, and that some activities may take place on ladders and building framing other than ground level. I 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 assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

In the event that my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable 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 my accommodations during the trip.

I understand the need for confidentiality and will not discuss, photograph or otherwise disclose identifying information about the occupants of the house I am working in without prior permission from my coordinating organization and the family. This includes any reference to names, addresses, or other identifiable information.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold Lutheran Disaster Response, Lutheran Social Services Disaster Response, the Evangelical Lutheran Church in America, the Lutheran Church Missouri Synod, any and all partner churches, facilities or organizations, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence.

PLEASE PRINT

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Home Phone

Signature: \_\_\_\_\_

**\*\*\*\*\* PARENTAL RELEASE AND CONSENT \*\*\*\*\***

I hereby give permission for the above named minor to serve in the Disaster Response project. My child is under 18 years of age. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above. I understand that I am responsible for his/her medical insurance and will not hold Lutheran Disaster Response, Lutheran Social Services Disaster Response, the Evangelical Lutheran Church in America, the Lutheran Church Missouri Synod, any and all partner churches, facilities or organizations, together with their officers, agents, servants and employees liable for any injury or damage to my child while engaged in the disaster project.

Name Parent/Guardian: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\* PHOTO/AUDIO/VIDEO RELEASE \*\*\*\*\***

I \_\_\_\_\_ hereby give permission for audio and visual images of me and/or my child under age 18, captured during Lutheran Disaster Response activities through, audio, photo and/or video recording means, to be used solely for promotional material, multimedia and publication purposes of Lutheran Social Services Disaster Response and Lutheran Disaster Response and waive any rights of compensation or ownership thereto.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information and Authorization Form**  
**(Required for Every Volunteer)**

**Please complete the following and give to your team leader. The original will be kept on file in case of a medical emergency. Team leaders will retain copies on work sites and during the course of the trip.**

I \_\_\_\_\_, authorize \_\_\_\_\_  
(participant) (another adult on the mission)

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the mission trip identified above.

**Medical Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Participant's Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Info:**  
**Prescriptions:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Physical Limitations or Health Concerns:** \_\_\_\_\_

**Date of last Tetanus Shot** (MUST be within last ten years, preferably five): \_\_\_\_\_

**Blood Type:** \_\_\_\_\_

**Diabetic:** Yes/No      **History of seizures:** Yes/No      **Heat Sensitivity/Heat Stress:** Yes/No

I consider myself healthy enough to fulfill my responsibilities on the volunteer mission team: Yes/No

Signature of Volunteer \_\_\_\_\_

Signature of Parent if Minor \_\_\_\_\_

**If you are traveling alone and there is no family member present to authorize medical care, you should get your medical form notarized.**

Notarization of Medical Form

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_(year), before me personally appeared \_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the name to be the free act and deed thereof.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_