



## HURRICANE FLORENCE VOLUNTEER INFORMATION

Brunswick County, NC



Site Phone Number: 910.612.7605 or 910.754.7979  
Brunswickstepprogram@gmail.com

### **SITE INFORMATION:**

Brunswick Baptist Association Resource Center  
1041 Old Ocean Hwy  
Bolivia, NC 28422

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 6<sup>th</sup> grade or older. 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 storms. 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 chain saw 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 6<sup>th</sup> 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](http://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 Take

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)

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

## 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)



**PLEASE PRINT**

**NORTH CAROLINA BAPTIST DISASTER RELIEF  
GENERAL MEDICAL INFORMATION**  
(To be filled out by applicant)



**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex** \_\_\_\_\_  
(last) (first) (middle)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home phone:** ( ) \_\_\_\_\_ **CELL phone:** ( ) \_\_\_\_\_ **Email:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_ **Telephone:** ( ) \_\_\_\_\_

**MEDICAL STATEMENT**

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

**Medical History:**

**a. General Health:** \_\_\_\_\_

**b. Limitations:** \_\_\_\_\_

**c. Any history of the following:**    trick knee \_\_\_\_\_ weak ankles \_\_\_\_\_ bad back \_\_\_\_\_ other \_\_\_\_\_

**d. Are you subject to:**                diabetes \_\_\_\_\_ epilepsy \_\_\_\_\_ heart disease \_\_\_\_\_ hypertension \_\_\_\_\_ other \_\_\_\_\_

**e. Appendix removed?** \_\_\_\_\_                **f. Tetanus shot updated?** \_\_\_\_\_

**g. Medicines taken:** \_\_\_\_\_                **Reason:** \_\_\_\_\_

\_\_\_\_\_                **Reason:** \_\_\_\_\_

\_\_\_\_\_                **Reason:** \_\_\_\_\_

**h. Allergies(food, drugs, other):** \_\_\_\_\_

Medications used to treat allergies: \_\_\_\_\_

**i. Medical treatment received in the past year:** \_\_\_\_\_

**j. Have you had or been exposed to any contagious disease in the past six months?** \_\_\_\_\_. If so, what? \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_                **Office Phone:** ( ) \_\_\_\_\_

**Address** \_\_\_\_\_                **City:** \_\_\_\_\_                **Zip** \_\_\_\_\_

**CONSENT**

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

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**INSURANCE**

Insurance issued in the name of: \_\_\_\_\_

Address of insured: \_\_\_\_\_

Name of insurance company: \_\_\_\_\_

Address of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

**You must bring this with you filled out. Please leave it with the contact person when you check in. Be sure to also sign in the volunteer register when you check in. Thanks.**



**PLEASE PRINT**

**North Carolina Baptist Men  
P. O. Box 1107  
Cary, NC 27512 - 1107  
(800) 395 – 5102 Fax (919) 460-6329**



**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 N. C. Baptist Men.*

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

**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 N. C. Baptist Men 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 N. C. Baptist Men 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 N. C and/or the N. C. Baptist Men 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

\_\_\_\_\_  
Association

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Person to Contact in Case of Emergency

( ) \_\_\_\_\_  
Cell Phone

( ) \_\_\_\_\_

\_\_\_\_\_  
Email

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**PLEASE PRINT**

North Carolina Baptist Men  
P.O. 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 N. C. Baptist Men.

As a volunteer with N.C. Baptist Men 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 N.C. or N. C. Baptist Men, nor as an employee of the Baptist State Convention of N.C. or N. C. Baptist Men.

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 N. C. Baptist Men arranges 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 N. C. Baptist Men 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 N. C. and/or the N. C. Baptist Men 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 NCBM 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 Baptist Men 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 requires parent or legal guardian signature)

PARTICIPANTS NAME (print)/SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

PARENT/GUARDIAN NAME (print)/SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**BACKGROUND CHECK INFORMATION & FORM**

**(Background Checks must be performed and clear by the company you choose, then this form completed)**

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







