



## HURRICANE FLORENCE VOLUNTEER INFORMATION

Rocky Point, NC



Site Phone Number: 910.231.3397

### **SITE INFORMATION:**

Baptists on Mission Warehouse - Pender  
(Old Williams Lumber Warehouse)

200 W. Wallace Street

Burgaw, NC 28425

(lodging is at Burgaw Baptist Church, 110 E. Bridgers Street, Burgaw, NC 28425)

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 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 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

# CREATING A PROFILE

→ **IMPORTANT: Before arriving at the training,** please COMPLETE your profile at our website [www.ncmissions.org](http://www.ncmissions.org).

This is an important step because it is the primary tool we use to recruit for a response. A record of your training, contact information, and involvement are managed on the profile.

*Medical information and emergency contact information is also contained here for easy access in the event you are injured and need medical attention during a training or disaster response.*

**If you registered online,** you have already started the process. Simply go back to the website and log in using the username and password you created when you registered. If you have forgotten your username or password, DO NOT start another profile. Click on “Forgot password” or call the NCBM office – 800.395.5102x5596.

When the profile is complete, print the information and take it to the training. Turn it in when you arrive.

**For those without internet access:** Please locate someone with a computer and internet access (relative, friend, church secretary, etc.) and complete information online. You will need an email address to complete the profile.

When the profile is complete, print the information and take it to the training. Turn it in when you arrive.

We have devised the following guidelines to help you:

**\*\*If you have a profile:**

Go to [www.ncmissions.org](http://www.ncmissions.org).

-Click on **Sign In** (Upper right corner). Complete User Name and Password and click “Sign In”. If you have forgotten your username or password, DO NOT start another profile. Click on “Forgot password” or call the NCBM office – 800.395.5102x5596.

-After you are signed in to the website, Click on “My Detailed Profile” and update any of your information being sure to click “**Save**” when given the opportunity.

-Click on “Print Detailed Profile” shown at the top middle of the page. You must then select the print icon or print command on your computer. After printing, click “Sign Out” at top of page.

Take the printed profile with you to the training. You will give this printed information to the Admin team when you arrive. If complete, you will then move on to the Photo ID area. If the forms are incomplete, then you will be asked to go to a computer kiosk to complete the process. This will be very time consuming.

**\*\*If you do not have a profile:**

Go to [www.baptistsonmission.org](http://www.baptistsonmission.org).

If you do not have a profile, please click on “Create Account” in the upper right hand corner. **After creating your username and password, write it down on a piece of paper and keep it where you can reference it easily.**

Click, “Create Profile”. Enter information as requested. Complete all information.

Click on “My Detailed Profile” on left side of page. Complete the **General** form and **click SAVE**. Then, proceed to the additional forms by clicking on the appropriate title:

-**International** - complete if you have a valid passport. If you do not have a passport, proceed to the next form.

-**Church** – complete pastor information.

-“Church” - click appropriate button re: church attendance. If you belong to a NC Baptist church, type the name in the box “Find my church”, click “Go”, then click on the button beside the church, then click Save. You are ready to proceed to the next form.

-If you do not attend a NC Baptist Church, click the appropriate button and type in the name of your church.

-**Skills** –complete language section if appropriate.

-Locate the “skill category” and click on the drop down box to choose a category. Then, look at the “Skill” list on the left side of the page. Click the skills that you possess and rank them using the “Skill Level” drop down box on the right.

**\*\*Click “Add Skill” on right side of page to update your profile. The skill will then be listed at the bottom of the screen.**

-Continue this process to add additional skills

**\*\*The Skill section is very important because it helps us to tailor future requests for assistance to those with the relevant skill set.**

**DON'T FORGET TO CLICK SAVE BEFORE MOVING ON TO THE NEXT FORM!!**

-**Emergency Contact** – complete form. We use this information to contact next of kin or others in case you have an accident or illness while serving in the field.

CLICK SAVE!

**-References** – we use this information to follow-up on reference letters or background checks. In addition, we use this information to find subject matter experts or resources.

CLICK SAVE!

**-Health** – please complete with as much information as possible. We use this information to assess your medical condition for certain types of projects. In addition, if you become ill or unconscious on a mission site, we give this information to the emergency responders in order to assess your situation.

-Tobacco, Alcohol, and Drugs – read carefully and respond appropriately.

**-Insurance** – read liability release

-answer “Do you have Health Insurance”, complete as needed

-Beneficiary – please complete

\*\*Click on SAVE!

**\*\*\*SCROLL TO TOP OF PAGE AND CLICK ON “PRINT DETAILED PROFILE”**

You must then select the print icon or print command on your computer. After printing, click “Sign Out” at top of page.

\*\*Take the printed profile with you to the training. You will give this printed information to the Admin team when you arrive. If complete, you will then move on to the Photo ID area. If the forms are incomplete, then you will be asked to go to a computer kiosk to complete the process. This will be very time consuming.