



## Spruce Pine Rebuild VOLUNTEER PACKET



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

Site Email: [sprucepine.rebuild@ncmissions.org](mailto:sprucepine.rebuild@ncmissions.org)

SITE INFORMATION: **Spruce Pine Rebuild**

**308 Harris St**

**Spruce Pine, 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 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 8<sup>th</sup> 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 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. Concealed weapons are not permitted at Baptists on Mission sites.

### **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](http://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)

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)
- ✓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

**\*\*\*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)	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 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)*

<b>Participants Name: (print/SIGN)</b>	<b>Date:</b>
<b>Parent/Guardian Name: (print/SIGN)</b>	<b>Date:</b>



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: \_\_\_\_\_

