



LA Conference of the UMC Disaster Response, Inc.

141 North Sixth Street, Baton Rouge, LA. 70802 225-346-5193 fax 225-346-6974 www.laumcstormrelief.com

Volunteers!

Greetings and peace in the Name of our Lord!

This LA Conference of the UMC Disaster Response, Inc., Packet has the information you need to register your work team. **PLEASE READ IT CAREFULLY.**

Page Numbers 1-8 are to be kept by the team.

1. **Recap Page**
2. **Letter to Volunteer Team Leaders**
3. **Covenant for Success**
4. **Louisiana Volunteer Work Teams FAQ's**
5. **Volunteer Information**
6. **Checklist for Two Weeks Prior to Departure**
7. **Evaluation Survey**
8. **Weekly Team Report**

MAIL OR FAX COMPLETED FORMS 9-13, TWO WEEKS PRIOR TO ARRIVAL TO YOUR ASSIGNED DISASTER RESPONSE STATION.

9. **Participant Liability and Medical Release Form – MUST BE COMPLETED BY EVERYONE.**
10. **Medical Release Form for Minors**
11. **Liability Release Form for Youth Group Leaders**
12. **Parental Consent Form – MUST BE COMPLETED FOR EVERYONE UNDER 18 YEARS OF AGE!**
13. **Skills Assessment Form**

INFORMATION ABOUT WORK SITE ASSIGNMENT

Most work assignments are formally assigned on Monday morning at Orientation. Advance notice for work assignments will be general and is subject to change based on client needs. PLEASE BE FLEXIBLE.

INFORMATION ABOUT WORK SUPERVISION

Volunteers are supervised by professional construction managers. If volunteers choose to work on Saturdays or Sundays arrangements must be made at least two weeks prior to dates. Minimal supervision will be provided if necessary and if pre-arranged.

PREPARATION TRAINING

If incoming volunteer team members are interested in improving their construction skills prior to volunteering, Lowe's and Home Depot offer free classes on drywall, taping and floating, texturing walls, applying molding, installing doors, laying tile or carpet.



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Dear Volunteer Team Leader,

Thank you for reaching out to help those who have been affected by Hurricanes Katrina and Rita. We truly appreciate your generosity and compassion.

Please take a moment to print, review, and complete the packet of forms necessary to your service. These forms are found on our website: www.laumcstormrelief.com/forms.

One of the forms, "REGISTER" is to be completed online. Mail or fax the other completed forms, pages 9-13 within two weeks prior to arrival. See the addresses of the Disaster Response Stations below.

Lake Charles Southwest Station
2606 Common St
Lake Charles, LA 70601
Fax: 337-436-6166
Office: 337-436-6122
E-Mail: lakecharlessta@bellsouth.net

Southeast Center
2221 Filmore Ave
New Orleans, LA 70122
Fax: 504-282-2229
Office: 504-282-2230
E-Mail: southeastcenter@ladrmse.org

If you have further questions or require further assistance, please contact your assigned Disaster Response Station.

Rev. Yvonne P. Dayries,
Manager of Volunteers

P.S. PLEASE HAVE ALL YOUR TEAM MEMBERS REVIEW THE SHOW, SAFETY AWARENESS, LOCATED ON OUR WEBSITE:

<http://www.laumcstormrelief.com/templates/cla12bl/details.asp?id=32649&PID=311676>

(It may take 30 seconds or more to open the show on the website. Please be patient while the show opens.)



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A Covenant for Success

We are privileged to have the opportunity to serve our great God by being volunteers in missions. Our primary purpose as volunteers is to radiate the love of Jesus Christ. We are to invest ourselves in the mission and honor God in all that we do.

We will need to be flexible, adaptable, sensitive and patient. There will be times when we may want to hurry and get things done, but delays will happen. We will make the best of quiet time to rest, get acquainted, and play with the children.

Cooperation is the key. We will need to cooperate with many, varied persons and conditions...SMILE, a happy, positive attitude will go along way, especially on hot, muggy days.

On-site Guidelines:

- No alcohol, drugs, or other illegal substances.
- Refer any changes, suggestions, or concerns to your leader.
- Work to acceptable standards. Do the best you can—if not better!
- Ask questions if you do not know how or what to do next. Remember there is no such thing as a dumb question!
- Don't assume you know the entire building plan. Ask before you start a new project.
- Wear modest clothing—shoulders covered and loose fitting shorts that are long enough—sensible, safe shoes.
- Use sunscreen lotion for outside work or play.
- Foul or undesirable language is not permitted.
- Keep workspace and living space neat and clean.
- Don't criticize, gossip, or start rumors.

Be careful when out and about in the evening. Use the buddy or triad system. Have fun and spread the word when your return to your home. We can use all the help we can get!



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LOUISIANA VOLUNTEER WORK TEAMS FAQ'S

LA Conference of the UMC Disaster Response, Inc., sponsored by UMCOR, is located in Louisiana's Capital City of Baton Rouge. This Center oversees volunteer management throughout Louisiana's storm damaged areas. The Work Stations, who coordinate the work in the areas, are located across South Louisiana and you have been assigned to one of these stations. The most important thing to bring on this trip is **FLEXIBILITY**. We are responding to needs in other people's lives. Their most pressing need may be a listening ear or a sympathetic shoulder. As you are yielded to the Holy Spirit, you will be guided to respond to these needs. Your work on this mission trip will be more different than any other you may have experienced.

Q: *What work will you be doing?*

A: Projects may include general contracting, carpentry, cabinetry, framing, insulation, drywall hanging, drywall finishing, flooring, windows, door trim, painting, plumbing, and roofing. Please note: Your work team may not know what their specific projects are until they report on their first morning.

Q: *Where will you stay?*

A: Housing varies from station to station depending on what is available in that area. They include church buildings, apartments, parsonage, etc. There are showers at all facilities but not all facilities have beds. You may need to bring cots and/or sleeping bags, sheets and blankets. You can discuss more specific information with your contact person, once you are assigned to a Work Station.

Q: *What about cost?*

A: The housing donation is \$12 per person, per day. This assists with the operational expenses for those who house our volunteers. The housing donation for Dulac Station is \$19.50 per person per day. Dulac's donation includes food as well as housing.

Q: *What about meals?*

A: You are responsible for your own meals. Each housing facility has a fully equipped kitchen.

Q: *What about transportation?*

A: You are responsible for your own transportation for the duration of your stay. If you are not driving to Louisiana, you will need to make arrangements for rental vehicles.

Q: *What about stores, supplies and tools?*

A: There are grocery stores, Wal-Mart, Home Depot and other stores in the areas near the Work Stations.

Q: *What about safety, health and environmental issues?*

A: Your safety is our primary concern. We have placed a power point presentation on our website that addresses each of these issues. Tetanus shots and hepatitis C shots are recommended if your immune system is compromised or you have a known poor immune system. Environmental issues have been addressed by the EPA and can more information may be found at our website. The EPA has noted that the contamination no longer exists that will cause damage to humans and animal. They have also deemed the water safe for drinking but we recommend that you bring or purchase spring water. **MORE INFO CONCERNING ANY OF THESE ISSUES CAN BE FOUND** in our power point presentation for training for disaster relief @ laumcstormrelief.com.

Reminder: We are all responding to the needs of others including those directing the work who have experienced the trauma of loss either from storm damage to their homes, displacement of families and communities.

Patience and flexibility are your most important tools.

Thank you for your willingness to serve,

*Rev. Yvonne Dayries, Volunteer Manager
225-346-5193*



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Volunteer Information

What You Need to Bring:

Old work clothing (long pants)	Sleeping bag/twin sheets/pillow
Long sleeved shirts/blouses	Water bottle/jug/cooler
Cotton & Plastic work gloves	Changes of clothing for after work
Disposable face masks	First aid supplies (Band-aids, disinfectant)
Safety goggles (may be a team item)	Personal hygiene items
Towels and washcloths	Heavy work shoes/boots
Insect Repellant	Gel Hand Sanitizer
Sunscreen	Earplugs

Note: If your team is being housed in one of our refurbished homes, mobile homes, or churches, each person needs to bring his or her own twin sheets (and blanket if coming in the winter).



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Checklist Two Weeks Before Departure

- ___ 1. Has each team member read the Covenant?
- ___ 2. Have you completed the necessary forms: Participant Liability Release, Medical Information, Proof of Insurance, Skills Survey, and Youth Forms for minors?
- ___ 3. Have you made a copy of Medical Information sheets for volunteers to put in their back pockets while at the worksite? Have you mailed your forms in two weeks prior to your arrival date?
- ___ 4. If bringing minors, have you filled out Medical Releases for Minors and Parental Consent Forms?
- ___ 5. Do team members have adequate clothing and tools?
- ___ 6. With youth (*minimum age 14 years*), do you have enough adults (*the ration is 1 adult per youth for ages 14-16, 1 adult per 5 youth for ages 16-18, and 1 adult per 10 students for ages 18-24. The adult must be age 25 or older.*)
- ___ 7. Do you have a water jug and a first aid kit or each vehicle?
- ___ 8. Does someone at home know the emergency telephone number?
- ___ 9. Have you made arrangements with your housing contact for arrival and directions to the facility?
- ___ 10. Have you arranged to make a housing donation of \$12/day/person with your specific housing facility to off set the costs of hosting you?
- ___ 11. Do you have adequate money for your trip, for gas, food, and emergencies?
- ___ 12. Have you made name tags to use on the work site?
- ___ 13. Have you prepared your team to be flexible to changes in work assignments, realizing that not all work is fun?
- ___ 14. Are you planning outings for which you need advance tickets? Have you ordered these?
- ___ 15. Are you preparing your team members to have broad expectations for the trip? Will they be a witness to Jesus Christ and recognize the people they meet as Children of God?
- ___ 16. Have you planned how the team will be divided for work once the assignments are made?
- ___ 17. Have you asked a team member to be the photographer and another member to be the journalist?
- ___ 18. Do any team members have food allergies or special food requirements (example: vegetarian)?



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EVALUATION SURVEY

The following survey should be completed upon finishing your time of volunteer assistance with LA Conference of the UMC Disaster Response, Inc.
Thank you for your service to this ministry. Your answers to this survey will help us in turn to better serve future volunteers.

Name of Organization: _____

Name of Team Leader: _____

Recovery Area Served: _____

Name of Housing Facility: _____

Dates Served _____

1. What motivated you or your team to become involved with volunteering.
2. Did you get an adequate orientation? Yes _____ No _____; if no, briefly explain:
3. Did you have adequate information about the project? Yes _____ NO _____
If no, explain:
4. How was your reception when you arrived to work?
5. Was special equipment available if needed? YES _____ NO _____
If no, briefly explain.
6. Did you complete today's/the week's task? YES _____ NO _____
If no, briefly explain.



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Evaluation Survey

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7. Did you have any problems? YES_____ NO_____. If yes, what were they and how can we improve on the situation?

8. Did you have adequate hosting? Yes_____ NO_____. If no, explain.

9. What can we do to improve your team's or another team's experience with us?

10. What is your overall rating? Excellent_____ Good_____ Fair_____

COMMENTS:

LA Conference of the UMC Disaster Response, Inc.

141 N. 6th Street

Baton Rouge, LA 70802

225-346-5193

www.laumcstormrelief.com

email: laumdisastermin@bellsouth.net



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Weekly Team Report

Please Return with Construction Folder

Date of Report: Saturday, _____, 2009 through Friday, _____, 2009.

Team Name: _____

Total No. Of Volunteers _____

Number of Hours Worked Each Day

(Date)		(No. of Hours)
_____	Saturday	_____
_____	Sunday	_____
_____	Monday	_____
_____	Tuesday	_____
_____	Wednesday	_____
_____	Thursday	_____
_____	Friday	_____
	Sub-Total: Week Hours	_____

Total # of Volunteers _____ x's Number of Hours _____ = Total Hours _____

____ Construction ____ Mission Zone ____ Office (Clerical) ____ Case Manager ____ Other

	Male	Female	Comments
No. Short Term Volunteers			
No. Long Term Volunteers			(length of stay>30 days)

Ethnicity	14-19 Years of Age	20-25 Years of Age	26-60 Years of Age	61 Plus Years of Age
African-American				
Asian				
Caucasian				
Hispanic/Latino				
Native American				



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PARTICIPANT LIABILITY AND MEDICAL RELEASE FORM

Please read before signing as this constitutes the agreement and the understanding of your working relationship as a volunteer with LA Conference of the UMC Disaster Response, Inc.

- I _____ acknowledge and state the following:
- I have chosen to travel to perform clean-up/construction work designed to repair disaster damage.
- I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; 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 understand that this is a "grass roots" activity to support individuals adversely affected by hurricane/flood disaster, or receiving assistance to repair or replace substandard housing.
- I assume all risk and responsibility for any damage or injury to my property, or any personal injury and related medical costs and expenses which I may sustain while involved in this project.
- In the event that my supervising disaster organization arranges accommodations, I understand that they are neither responsible nor 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 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.
- By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold harmless LA Conference of the UMC Disaster Response, Inc., together with its officers, agents, servants and employees, from any and all causes of action arising from my participation in this project, and travel, or lodging associated therewith, including any damages which may be caused by their negligence.

Signature _____ Date _____

Arrival Date _____ Departure Date _____ Team Leader _____

Medical Information:

I have accidental insurance coverage: Yes _____ No _____

I elect to buy GBGM accidental insurance coverage: Yes _____ No _____

My health insurance company is: _____

Policy Number: _____

Medical History

Medications: _____

(Circle or check below)

Allergies _____ Epilepsy _____ Blood Type: _____

Diabetes _____ Heart Condition _____

Physical limitations or concerns: _____

Signature _____ Date _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact Name and Phone _____

Church or Organization Name _____

Witness _____



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Medical Release Form For Minors

Participant Information (Participant must be 14 years old)

Date/Destination of Trip _____

Team Leader _____

Minor's Name _____ Date of Birth _____

Emergency Contact Name & Phone _____

Insurance Carrier _____ Policy Number _____

Allergies and Medications _____

Permission to give Tylenol (Yes/No) _____ Other medication (Be specific) _____

Describe Medical Conditions/Limitations _____

<p>I have accidental insurance coverage: Yes _____ No _____</p> <p>I elect to buy GBGM accidental insurance coverage: Yes _____ No _____</p>
--

Signature of Minor _____ Date _____ Name of Guardian on Trip _____

PARENT OR GUARDIAN AUTHORIZATION

I, _____, authorize _____
(Parent or Guardian) (Guardian on Trip)

to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above.

(Signature of Parent or Guardian) Date

NOTARIZATION OF PARENT OR GUARDIAN AUTHORIZATION

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 free act and deed thereof.

Notary of Public

State of _____ County of _____

My commission expires _____



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Liability Release Form for Youth Group Leaders

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with LA Conference of the UMC Disaster Response, Inc.

I, _____ acknowledge and state the following:
I have chosen to travel to perform clean-up/construction work designed to repair disaster damage.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; 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 understand that this is a "grass roots" activity to support individuals adversely affected by Hurricane/flood disaster or are receiving assistance to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

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 the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold LA Conference of the UMC Disaster Response, Inc., together with 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, including any damages which may be caused by their negligence.

Signature _____ Date _____

Address _____

Emergency Contact Name & Phone _____

Witness _____

Team Leader _____

Arrival & Departure Date _____



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PARENTAL CONSENT FORM

I, _____, the parent/guardian of _____
Parent or guardian *Child's name*

give my child, a minor residing at _____ (address), permission to accompany a Volunteer Work Mission team to Louisiana's devastated areas and participate as a member of the group. I acknowledge that I am allowing my child to participate entirely upon my own initiative, risk, and responsibility. I have been advised and understand that the group may be exposed to unusual risks. Those risks may involve, among other things, the following:

Dangers resulting from disease; from geographic features which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced.

I further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of _____, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for my child, should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to my child to accompany the mission team and participate in the mission trip, I do hereby for myself, my child, and my heirs, executors, and administrators, remise, release, and forever discharge the team leader(s) _____, LA Conference of the UMC Disaster Response, Inc., its officers and members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of my child or any injury to my child or loss or damage to property which may occur from any cause during the trip, as well as all ground and flight travel incident to such trip.

It is my intention by this document to consent to my child's participation in the mission trip, to consent to allow the team leader(s) _____ to act in loco parentis for the duration of the mission trip, and to waive and forego all right of action by myself and my child against the parties herein before named.

Parent/Guardian

Team Leader

Address

Arrival & Departure

.....
Notarization of Parental Consent 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 same to be the free act and deed thereof.

Notary Public _____ Parish or County _____

State of _____ My Commission Expires _____



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SKILLS ASSESSMENT FORM

Return to Your Assigned Station 2 Weeks Prior to Reporting to Work!

TEAM LEADER _____

GROUP _____

DATES WORKING _____

RECOVERY STATION _____

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 by using the following chart.

- 0 = I am unable to do, or am not interested.
- 1 = I don't know how, but am willing to learn or 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 or teach others.

0 1 2 3 4 (Level) Please list the number of volunteers under each skill level.

- _____ Carpenter
- _____ Clean up worker
- _____ Clerical
- _____ Computer Skills
- _____ 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 – Underlay
- _____ Flooring – Vinyl
- _____ Framing
- _____ Insulation
- _____ Mason
- _____ Painter
- _____ Plumber....I hold a license in the state of _____
- _____ Roofer

Other skills/comments: _____