

Hurricane Katrina Disaster Relief Missions Volunteer Emergency Information

Instructions: Volunteers should complete this form and submit to their church disaster relief missions' coordinator before departing for use in case of an emergency. Individual volunteers should maintain a copy of this form in their possession in case of an emergency.

Volunteer's Name _____ E-mail _____

Address _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

Occupation _____ Date of Birth _____

Marital Status _____ Spouse's Name _____

Emergency Contacts (please list two people)

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Health Information

Physician's Name _____ Phone _____

Health Insurance Company _____

Group/Policy _____ Insurance Phone _____

Medications _____

Allergies _____

Symptoms _____ Antidotes _____

Other Information

Social Security No. _____

Driver's License No. _____ State _____

Auto Insurance Company _____ Policy No. _____

Car License No. _____ State _____

Use the back of this form to write anything else we should know.

***Privacy Policy:** Please note that this information will only be used to make a volunteer assignment, or in the unlikely case of the volunteer experiencing a medical or other emergency. No insurance coverage is provided to volunteers by the National Baptist Convention, USA, Inc. All insurance coverage, including, but not limited to liability, automobile, and medical insurances are the responsibility of the volunteer.

Disaster Relief Missions Covenant for Volunteer Services

Instructions: This form should be completed and given to the disaster relief coordinator at your church, and/or forwarded to the Auxiliary coordinating the specific intervention.

I agree that, as my availability and ability allow, I am expected to:

1. Represent my Lord and Savior, church, fellow Christians and team as Christ would want, in my attitude, behavior, speech, dress, and work.
2. Take responsibility for my spiritual and mental preparation as a disaster relief volunteer, as well as my work skills needed at the disaster site.
3. Protect my health and safety and the health and safety of victims, coworkers and all other persons while en route to or from and while at the disaster site; inform on-site team leaders of any physical limitations to be considered in my work assignments.
4. Donate my own expenses, if financial assistance is not available, and bring the clothing, bedding, and personal items I will need at the disaster site. I understand that some financial assistance may be available prior to or after my service but is not guaranteed.
5. Sign a release and indemnity document if requested.

Therefore I, _____, volunteer to do my best to help carry out the purposes of the **National Baptist Convention, USA, Inc.** Disaster Relief Response in the manner stated above.

Signature_____ Date_____

Disaster Relief Missions Release and Indemnity Agreement

Instructions: Volunteers should complete this form prior to departing for their assignment.

I do hereby represent and acknowledge that I am entering upon a missionary venture with others, and that as a volunteer am paying my own expenses, including insurance, for the purpose of helping in times of disaster for the glory of God and to demonstrate my faith in Christ; that the work may at times be hazardous and somewhat arduous and will be performed by concerned volunteers and qualified professionals trained in disaster work; that vehicles transporting said volunteers will be operated by volunteers, who may or may not be professional drivers.

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.

Therefore, I desire to protect, release, acquit, indemnify, and hold harmless from any and all claims, injuries, damages, losses, expenses or attorney fees incurred by me, my heirs, administrators, executors, or assigns.

For and on behalf of myself, my heirs, administrators, executors, assigns, and all other persons, firms, or corporations, I do hereby release and discharge from liability all other persons on the disaster relief team with me, those who notified, selected, or assigned me to the said team, the disaster relief team leader, the church's pastor, the **National Baptist Convention, USA, Inc.**, their employees and representatives, successors or assigns, from any claims, demands, damages, actions, causes of actions which I, the undersigned, have or may hereafter, and on account of, or any way growing out of injuries or damages both to persons or property resulting or that may hereafter result from the voluntary venture.

This waiver, release, and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein above stated.

Insurance Disclaimer

Each volunteer is expected to have insurance in case of accident, injury, or illness. No insurance coverage is provided to volunteers by the **National Baptist Convention, USA, Inc.** Personal liability is the responsibility of the volunteer.

Volunteer

Print name _____ Signature _____

Witness

Witnessed, my hand on this the ____ day of _____, 20____

Print name _____ Signature _____

Disaster Relief Missions

What to Take Checklist

Volunteers should use this checklist to be sure they have packed everything needed.

Devotional Materials

Bible and devotionals Witnessing tracts

Identification

Driver's license Vehicle registration (if appropriate)
 Phone numbers (family physician, employer, church, emergency contact)

Insurance Information (list company, policy number, coverage, agent, and phone)

Health Automobile Life

Miscellaneous Items

Money or traveler's checks (\$50-200) Notebook and pencils or pens

Clothing (4-7 day supply)

Work shoes Coats and/or jackets (warm and cool) Waterproof footwear
 Jeans or work pants Socks (2/day; white, wool or wool blend)
 Shirts (warm and cool weather) Work gloves Underwear Rain suit or poncho
 Sleepwear Bandanas and handkerchief Sneakers Laundry bag

Health, Safety, and Hygiene

Prescription medicine (List by name all your prescription medications)
 New prescription orders (if your physician approves and will write new prescriptions)
 Nonprescription drugs Allergy kit: bees, etc. Sun block (15+)
 Bar soap Liquid antibacterial soap Laundry detergent Deodorant
 Feminine needs Personal needs Towels Washcloths Mouthwash
 Toothbrush Toothpaste Dental floss Shampoo and rinse Comb and brush
 Hair spray Chap stick Shaving cream Razor Diarrhea cure
 Antacids Laxative Vitamins Insect spray Skin lotion Blister kit
 A&D ointment Antifungal ointment/spray Foot powder

Food

Non-perishable food Snacks Drinking water

Supplies and Equipment

Flashlight or lantern Bedding (air or foam mattress, cot, and covers)
 Watch or clock Tent (optional, inquire first) Canteen or water bottle
 Special personal items you need for health, safety, or comfort