VOLUNTEER INFORMATION PACKET



THE UNITED METHODIST CHURCH



Hear, O Israel: The LORD our God, the LORD is one. Love the LORD your God with all your heart and with all your soul and with all your strength. These commandments that I give you today are to be upon your hearts. Impress them on your children. Talk about them when you sit at home and when you walk along the road, when you lie down and when you get up. Tie them as symbols on your hands and bind them on your foreheads. Write them on the doorframes of your houses and on your gates.

Deuteronomy 6:4-9



MAY 1, 2019
DISASTER CALL CENTER
700 Waterfield Ridge Place
Garner, North Carolina 27529
888-440-9167 or 919-779-6905
disasterresponse@nccumc.org

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1 THE W.O.W. FACTOR (WAYS OF WORKING)

We LOVE our Volunteers! Clearly you <u>POWER</u> the Disaster Response effort of the North Carolina Conference of The United Methodist Church and we can help maximize your Mission Trip experience.

When Disaster arises so does The United Methodist Church Disaster Response Team. The Disaster Call Center receives "Requests for Assistance" from Disaster Survivors while conference personnel are assessing the damage, defining "the need" and developing our ability to serve by establishing Work Centers in various locations to respond to those requests with long term assistance.

Now read carefully brothers and sisters because *HERE IS WHERE YOU COME IN!* The North Carolina Conference of The United Methodist Church applies to various state and federal agencies and charitable organizations to help fund materials and operations expenses. Successful grant requests must establish the "scope of the need" and demonstrate "experienced stewardship".

To get maximum *VALUE* from gifts of time and talent our work together MUST be documented! Work Center staff and facilities have limited capacities for daily accommodations so unscheduled teams risk overbooking Center resources and create a NET ZERO "future value" for funding opportunities.

Take the first step to maximize your experience by registering your team with the Disaster Call Center, (DCC). There we agree on your Work Center assignment and enter your team into the work center schedule. Then a Volunteer Information Packet (VIP) is emailed to you and to your assigned Work Center Manager requesting they contact you for introductions and final planning.

Team Leaders ensure that each volunteer complete the VIP Skills Assessment, Medical and Liability information prior to arriving at their Work Center. After your Mission Trip your Work Center Records become part of our stewardship process paving the way for others to come and add value for helping the people of North Carolina *FIND THEIR WAY HOME*!

If you find your team must cancel please notify the Disaster Call Center to remove your reservation.

2 A COVENANT FOR SUCCESS

The opportunity to invest ourselves in mission to honor God is a great privilege! A volunteer's **primary task** is to respond to need but our **primary purpose** is to radiate the love of Christ in all we do.

Therefore, I urge you, brothers and sisters, in view of God's mercy, to offer your bodies as a living sacrifice, holy and pleasing to God—this is your true and proper worship. **Romans 12:1**

At times we want to hurry and get our tasks complete but never at the expense of our purpose. We will make the best of the quiet time to rest, get acquainted, and play with the children. We will need to be flexible, adaptable, sensitive, and patient. Compassionate cooperation is the key.

God is not unjust; he will not forget your work and the love you have shown him as you have helped his people and continue to help them. **Hebrews 6:10**

3 Policies and Guidelines

1. Volunteers In Mission

- 1.1. Youth Volunteers include ages 14, 15, 16, & 17 year olds.
- 1.2. Youth Volunteers age 16 and 17 may participate in ERT led teams with a Parental Guardian.
- 1.3. Every 5 youth volunteers under age 16 must be accompanied by 1 Parent or Guardian (5 to 1).
- 1.4. Every 5 youth volunteers should have at least one skilled carpentry volunteer (5 to 1).

2. Insurance Coverage:

- 2.1. To register for domestic insurance, you must email UMVIM, SEJ at sejinfo@umvim.org or call the office at 205-453-9480.
- 2.2. Bring your own insurance card or at least a clear photocopy of both sides of your card.

3. Work Center Accommodations and the Disaster Call Center Scheduling

- 3.1. There is NO charge for housing but Teams are responsible for their own food and meals.
- 3.2. Each facility has a max capacity for daily accommodations. *Scheduling* with the DCC is a must!
- 3.3. Kitchens, utensils, bath and quarters are available for use so please keep them neat and clean.
- 3.4. Bunk beds are available in most sites, please verify availability with your mission site contact.
- 3.5. Bring your own towels, linens, cots, sleeping bags or air mattresses where necessary.

4. Rules of Engagement, Safe Sanctuary,

- 4.1. While working at our Disaster Centers all individuals shall comply with Safe Sanctuary policy.
- 4.2. The *United Methodist Disaster Response* maintains a safe workplace, free of violence for all. Possession or use of firearms and/or other dangerous weapons is strictly prohibited on all mission related property.

All Volunteers in Mission workers are subject to this provision, including contract workers and temporary employees as well as visitors, volunteers and clients on mission property.

A license to carry any weapon does not supersede this Safe Sanctuary policy. Any individual in violation of this policy will be subject to immediate removal and/or legal action.

- 4.3. Wear modest clothing shoulders covered knee length loose fitting shorts & sensible, safe shoes.
- 4.4. Use sunscreen lotion or oil for outside work or play.
- 4.5. Don't criticize, gossip, or start rumors.
- 4.6. Foul or undesirable language is not permitted.
- 4.7. No alcohol, drugs, or other illegal substances.
- 4.8. Work to acceptable standards. Do the best you can-if not better!!!!
- 4.9. Make no assumptions, ask your leader about changes, suggestions, questions or concerns.

5. Building Materials & Disaster Operations

While lodging is FREE, donations for materials and operations are needed and appreciated. To donate make checks payable to:

NCCUMC-NC Storms Response.

mail to: **North Carolina Conference Treasurer: Raleigh Area**700 Waterfield Ridge Place
Garner, North Carolina 27529.

In the memo line add: NC Storm Response S-00176.

THANK YOU for partnering with us in the Spirit of Faith, of Hope and of Love.

4 GENERAL SAFETY RULES (BETTER SAFE THAN SORRY)

The time to start "Planning Proper Accident Prevention" is NOW! Please, pay attention to these safety check lists and use them. Don't spend your volunteer work trip in a hospital bed. Use it to help families. Here's a checklist to help you think before you work. REMEMBER: Better SAFE than SORRY!

Personal Checklist

- Are you well and able to safely participate in this work at this time?
- Are you well rested and alert?
- Do you have safety glasses?
- Do you have ear plugs?
- Is your clothing securely fasted?
- Nothing obviously loose or baggy?
- Have you removed all jewery, chains?
- Have you thought through the job?
- Will you need help / helpers?
- Will you be working in hazardous areas?
- Any special precautions for your work?

Jobsite Checklist

- Identify all safety shutoffs?
- Fire Extinguishers and Types?
- First Aid Kits and Assembly Areas?
- Emergency eye wash?
- Emergency shower?
- Is your work area properly lighted?
- Are all tools in good working condition?
- Are all tools' safety mechanism working?
- Is everything properly clamped/stable?
- Is your work area clear/uncluttered?
- Do you have proper tools for the work?
- Will you work safely avoiding risks?

5 FIRST AID KIT IDEAS AND MEDICAL EMERGENCY SAFETY READINESS

Item Size	Quantity
Absorbent Compress, 32 sq. in. (No side smaller than 4")	1
Adhesive Bandages, 1" x 3"	16
Adhesive Tape, 5 yd.	1
Antiseptic, .5 g application	10
Burn Treatment, .5g application	6
Eye cup, dropper (eye wash)	
Ear syringe & cotton balls	
Medical Exam Gloves	2 pr.
Sterile Pads, Telfa covered (multiple sizes)	1
4 inch Ace Bandage	1
6 inch Ace Bandage	1
Triangular bandage, 40" x 40" x 56"	1
Activated ice packs	2

Bring a detailed list of each team member's current medications, the specific name and/or generic name, the actual dosage and prescribed frequency.

6 BYOT (BRING YOUR OWN TOOLS)

The initial phase of a Disaster is called **READINESS**. That said the most successful mission teams are those who are prepared to be as self-sufficient as <u>reasonably</u> possible. Ask your team to meet and think through "How they will help" as part of your own readiness effort.

Although our Work Centers have *some* tools they will not have enough tools for every volunteer. Most of the tools you will need are common household tools. Use the list below to determine if you have household tools which you could bring to use.

Com	nmon Household Too	ols
Pencils	Safety Goggles/ Glasses	Sledge Hammer
Brooms	OSHA approved	Drills and Bits
Mops	Knee Pads	Screw Guns
Work Gloves	Utility Knives	Screw Drivers
Latex Gloves	Nail Aprons	Sheetrock Screw
Dust Masks-	Hammers	Nails (all kinds)
"NIOSH" approved	Tape Measures	Skill saw and extra blades
and N95 rating	Levels	Heavy Duty Extension Cords
Trash Bags	Chalk Line and Chalk	Paint Rollers
Cotton Rags	Crow Bars/Wonder Bars	Roller Pans
Masking Tape—2 inches wide	Speed Square	Paint Thinner
Duct tape	Framing Square	

Experienced "Do It Yourselfers" and "Licensed Professionals" usually have more tools either for their own use or as the basis by which they earn their living. We always encourage teams to bring their tool trailers whenever possible. Tool trailers should be readily securable.

Our Disaster Response work typically falls into two broad phases. "Muck out" earmarked by tear out, clean up, disposal and/or debris removal and perhaps mold remediation. "Construction" is a longer process of rebuilding homes making them habitable again. There are multiple jobsites within each Work Center's geographic area in both stages of repair.

The most important tool you will bring is you! Please indicate your team skills on the skills assessment page. This information is used to help Work Center personnel determine how to help you make the best use of your time and talent by matching your skill set to a jobsite need.

Finally if you can identify improvements for the Volunteer Information Packet please contact us at the Disaster Call Center at 888-440-9167 or email your suggestion to: disasterresponse@nccumc.org!

7 SKILLS ASSESSMENTS

	I										
ne											
Jan											
Full Name											
7											
										Ш	
Gender											
Skills Age										Н	
	<u> </u>									Ш	
Early Response Trained Skills										Ш	
Chainsaw Operator											
Clean-Up / General Helper											
Equipment Maintenance											
Generator Operation											
Roof Tarper											
Basic Skills										\square	
Debris Removal										\vdash	
Demolition Demolition											
										\vdash	
Painter											
Clerical/Telephone/Computer											
Food Prep											
Do It Yourselfer's (DIYs)											
Carpenter											
Sheet Rock Installer											
Sheetrock Finisher											
Door/Window Installer										П	
Multilingual / Translator											
CARE Teams										Н	
Program Planning										\vdash	
Licensed / Professional										Ш	
Electrican											
Mason											
Painter											
Plumber											
Roofer											
Foundation / Masonry											
Residential Construction											
HVAC Installation										\square	
Counseling-Mental Health											
Crisis Intervention										\vdash	
										$\vdash\vdash$	
Casework										Ш	
Multilingual / Translator	1									Ш	
Children's Outreach											
Elderly Outreach	1									Ш	
Other											

8 LIABILITY RELEASE FORM (ALL VOLUNTEERS, YOUTH AND ADULT)

Please read this agreement carefully before signing to fully understand your working relationship with The United Methodist Church North Carolina Conference Disaster Response. I freely acknowledge that:

- 1. I, the volunteer undersigned below, with the consent and agreement of my Guardian, undersigned below, have chosen to travel and perform clean-up/construction work to repair or replace homes.
- 2. I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other activity; including some that takes place on ladders and building framing other than ground level. I certify that I am in good health and physically able to perform this work.
- 3. I understand that this is a "grass roots" activity to support individuals adversely affected by disaster or assisting to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to myself or my property and related medical costs and expenses which I may sustain while involved in this project. I understand that I am engaging this project at **my own risk**.
- 4. I understand that my supervising organization may arrange accommodations, and that I will adhere to the rules and regulations in effect for the accommodations at that time. However they are not responsible or liable for my personal effects and property nor do they offer such security. I hold them harmless in the event of theft or for loss resulting from any source or cause.
- 5. By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold The United Methodist Church North Carolina Conference, 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, including any damages caused by their negligence.

Print Volunteer Name	: Volur	nteer Signature:	Date:	DOB:
Street Address:		City:	State:	ZIP:
Emergency Contact:			Phone	
Center Name	Arrival Date	Departure Date		
Parent/Guardian:	(*Required for Y	outh Volunteers Only)	Phone	
Team Leader / Witness	s Signature:		Phone	

9 MEDICAL INFORMATION (TEAM LEADER RETAIN THIS FORM ON JOBSITE FOR EMERGENCY)

Always bri	ng your insurance card	with you, or a copy o	of both sides of	our card	d.
Blood Type		Allergies: _			
I am diabetic: Y	N	I have a hi	story of seizures	. Y	N
Health Insurance Provi	ider		Policy #		
I consider myself healt	hy enough to fulfill my	responsibilities on the	e mission team.	Yes	No
Any Physical Limitation	ns, concerns or other he	elpful health informat	ion?		
Leader, undersigned be the opinion of the atte or undue discomfort if hospital care rendered	signed below, and/or melow, to secure for me, ending physician, may ended and the delayed, any necessary under the general supple state in which the ph	in the event of a med ndanger my life, cause we examination, anesth pervision and on the ac	dical or dental en e disfiguration, p etic, surgery, tre	nergency hysical in atment	/ which, in mpairment and/or
Print Volunteer Name	e: Volunteer	Signature:	Date:		DOB:
Street Address:		City:	State:		ZIP:
Emergency Contact:			Phone		
Center Name	Arrival Date	Departure Date			
Parent/Guardian:	(*Required for Youth	Volunteers Only)	Phone		
Team Leader / Witnes	ss Signature:		Phone		
**** Parent or 0	Guardian's Authoriza	ation Signature M	UST BE NOTA	RIZED h	ere ****
On this	day of		Year		
· ·	lly appeared the Legal d this instrument, and				
Nota	ry Public		My commissio	n expire	es
	ate of		County	of	

10 EXTENDED SERVICE ROSTER (FOR FREQUENT ADULT SERVICE VOLUNTEERS)

I, the Volunteer(s) undersigned below, having read, reviewed and where necessary updated all prior Liability Release Agreement and Medical Information as a Volunteer with the United Methodist Church do extend those same agreements for my Continued Service at the United Methodist Disaster Response Work Center in ______ as evidenced by my/our signature(s) below.

	Volunteer Signature	Print Name	Arrive Date	Depart Date
1				
2				
3				
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11 CONFIDENTIALITY AGREEMENT

Print Name

As a volunteer or employee of the North Carolina Conf United Methodist Church, Inc. (NCCUMC) and this Disas materials to which I have access are to be treated information will be used only in the conduct of official in Disaster Response Center and may not be disclosed to a violation of this agreement will result in disciplinary a NCCUMC and this Disaster Response Center. I underst commitment to abide by this confidentiality agreement any voluntary services or employment with the NCCUM	ster Response Center, I am aware that the data and in a professional and confidential manner. This internal business of the office of NCCUMC and this any unauthorized third party. I understand that any action at the discretion of the management of the tand by signing this agreement that I have a legal at. This agreement will remain in effect throughout
Signature	Date
Print Name	
12 MEDIA RELEASE I grant permission to the North Carolina Conference of my image (photographs and/or video) for use in NCC recruiting brochures, newsletters, and magazines and to publications or on the NCC-UMC web site or other elections. I hereby waive any right to inspect or approve the finish used in conjunction with NCC-UMC now or in the future and I waive any right to royalties or other compensations.	C-UMC publications including videos, email blasts, to use my image in electronic versions of the same stronic forms of media. Shed photographs or electronic media that may be tre, whether that use is known or unknown to me,
Signature	Date

13 THOUGHT PROVOKING TEAM DISCUSSION AND DEBRIEFING*

Please consider holding a prayerful group discussion with your team near the end of your mission trip to a disaster site. Use this form to initiate thoughtful reflection and time to share together. Keep in mind that team members react to a disaster experience differently and talking about that experience, before returning to "normal life", is good for the soul, especially with those who share in it!

At the close of your debriefing take a moment to complete the "Mission Trip Evaluation" on the next page and give us feedback so we may improve our ways of working together.

Your First Reactions

- 1. When you heard about this disaster, what was your first reaction?
- 2. What are some of the first stories about the disaster that stand out in your mind?
- 3. How did you hear of the opportunity to serve in this manner and how did your faith get you into this?

Your Relationship with the Survivors

- 1. Describe the state of mind or physical condition of most of the survivors you encountered?
- 2. How do you believe you were accepted by the survivors?
- 3. What helped you the most in your relationship with them?
- 4. What was hardest about working with the survivors?

Joys and Concerns

- 1. What part of this event bothers you the most or do you wish you had not experienced?
- 2. How has your experience affected your faith and your faith affected this experience?
- 3. What things happened to give you hope in the midst of all of this difficulty?
- 4. In what ways do you feel the church has made a difference?
- 5. Where have you seen God working in this disaster?

^{*}Adapted from "The Debriefing Model: Journal Questions for Disaster Workers", compiles by Rev. Charles Alexander and "Critical Incident Stress Debriefing" models.

14 MISSION TRIP EVALUATION FEEDBACK

Te	ım Leader:	Organization
Are	ea Served	Dates Served
1.	What motivated you or your team to b	become involved with this project?
2.	Did you have adequate advance inform	mation about the project?
3.	Did you get an adequate orientation to	to your Work Center?
4.	Did you have adequate housing and Fa	acilities? YN
5.	How was your reception when you arr	rived?
6.	Did you get an adequate orientation to	to your Job Site?
7.	Did you complete today's /the week's	s task? Y N
8.	Was special equipment available if nee	eded? If no, what was needed?
9.	Did you have any problems? Y	N
10.	If YES, what were they and how can we	ve improve on the situation?
11.	Were your objectives for this mission r	met?
12.	If NO, what is left?	
13.	What could we do to improve the "mis	ission team experience"?
14.	Please comment on the following:	
15.	The most important part of the week v	was:
16.	Additional comments which you believe	eve will be helpful to us: