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



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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 unscheduled teams risk overbooked 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. Every 5 youth volunteers under age 16 must be accompanied by 1 Parent or Guardian (5 to 1).
- 1.3. Every 5 unskilled volunteers should have at least one skilled carpentry volunteer (5 to 1).

2. Insurance Coverage:

- 2.1. The Southeastern United Methodist Volunteers in Mission no longer provides insurance for volunteer mission teams.
- 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.

4. Rules of Engagement

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

P.O. Box 890202

Charlotte, North Carolina 28289-0202.

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 (SUGGESTIONS)

| 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 |

Make Certain: You bring a detailed list of each team member's medications¹ they are currently taking, the specific name and/or generic name², the actual dosage³ and application frequency⁴.

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

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

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

| Please read this agreement care The United Methodist Church No | | • | ationship with |
|--|----------------------------------|--|--------------------------------------|
| l, | | , _ acknowledge and state | the following: |
| I have chosen to travel t | o perform clean-up/construction | on work to repair or repla | ce homes. |
| I understand that this w heavy lifting and other activity; than ground level. I certify that | • | on ladders and building f | raming other |
| I understand that this is disaster or assisting to repair or damage or injury to myself or m while involved in this project. I u | y property and related medical | assume all risk and respo costs and expenses whic | nsibility for any h I may sustain |
| In the event that my sup are not responsible or liable for for any items. I will hold them h cause. I further understand that accommodations at that time. | armless in the event of theft or | ty and that they will not for loss resulting from an | provide security y source or |
| By my signature, for my hold The United Methodist Chur servants and employees, harmle project, and travel or lodging as | ess from any and all causes of a | together with their office | ers, agents, ticipation in this |
| Volunteer Signature: | | Date: | |
| Street Address: | City: | State: | ZIP: |
| Emergency Contact: | | Phone | |
| Arrival Date | Departure D | ate | |
| Parent/Guardian: | | Phone | |
| Witness Signature: | | Phone | |

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

| Blood Type | Allergies: | | |
|------------------------------------|---|----------|--------|
| I am diabetic: Y N | I have a history of seizures | Y | N |
| Health Insurance Provider | Policy # | | |
| taking, the specific name an | detailed list of each team member's medications d/or generic name ² , the actual dosage ³ and applications or other helpful health information? | | |
| I consider myself healthy enough | n to fulfill my responsibilities on the mission team. | Yes | No |
| l, | (volunteer's signature), authorize | | |
| | necessary examination, anesthetic, medical diagno | | |
| treatment and/or hospital care r | endered under the general supervision and on the | advice (| of any |
| physician or surgeon licensed to | practice medicine by the state in which they practi | ce, duri | ng the |
| | ove and further authorize the release of medical in | | - |
| personal medical records for the | | | , |
| , | Control of the Person | | |
| | | | |
| but I do not give permission for a | any other use or re-disclosure of this information. | | |
| | | | |
| | | | |
| Volunteer Signature: | Date: | | |
| volunteer signature. | Bute. | | |
| Street Address: | City: State: | | ZIP: |
| Street Address. | City. State. | | 211 . |
| Emorgongy Contact: | Phone | | |
| Emergency Contact: | Filone | | |
| Arrival Date | Departure Date | | |
| , in the Batte | Departure Date | | |
| Parent/Guardian: | Phone | | |
| | | | |
| | | | |

10 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.

11 MISSION TRIP EVALUATION FEEDBACK

| Te | am Leader: | Organization |
|-----|----------------------|--|
| Are | ea Served | Dates Served |
| 1. | What motivated y | you or your team to become involved with this project? |
| 2. | Did you have adec | quate advance information about the project? |
| 3. | Did you get an ade | equate orientation to your Work Center? |
| 4. | Did you have adec | quate housing and Facilities? Y N |
| 5. | How was your rec | ception when you arrived? |
| 6. | Did you get an ade | equate orientation to your Job Site? |
| 7. | Did you complete | today's /the week's task? Y N |
| 8. | Was special equip | oment available if needed? If no, what was needed? |
| 9. | Did you have any p | problems? Y N |
| 10. | If YES, what were | they and how can we improve on the situation? |
| 11. | Were your objecti | ives for this mission met? |
| 12. | If NO, what is left? | ? |
| 13. | What could we do | o to improve the "mission team experience"? |
| 14. | Please comment o | on the following: |
| 15. | The most importa | ant part of the week was: |
| 16. | Additional comme | ents which you believe will be helpful to us: |