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# Appendix C

## To the Overview of Church-Based Volunteer Host Sites

### Volunteer Forms



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## Volunteer Skills Assessment Form Example



### Volunteer Team Skills Assessment

Work Site: \_\_\_\_\_ Group Name: \_\_\_\_\_ Hometown: \_\_\_\_\_ Number and \_\_\_\_\_  
 Type of Vehicles: \_\_\_\_\_  
 Team Leader: \_\_\_\_\_ Leader's Cell: \_\_\_\_\_ Stay Dates: \_\_\_\_\_ Work Dates: \_\_\_\_\_

Please have each team member specify skills according to the following levels:  
 1= haven't done yet but willing to try 2= have done but need guidance 3= can do well independently 4= can do well and guide others 5= working in trade

	Full Name	Gender	Age	Lead work crew? (y/n)	Debris Removal	Heavy Lifting	Foundation	Tear out drywall, floors	Framing Carpentry	Finish Carpentry	Electrical	Plumbing	HVAC	Insulation	Drywall Hanging	Drywall Finishing	Siding	Window Installation	Door Installation	Cabinet Installation	Flooring: vinyl, etc.	Tile: ceramic, etc.	Mason: brick/plaster	Painting/Painting	Roofing	Landscaping	Pastor	Cook	First Aid/CPR Skills
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## Liability Release Form Example

### GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND AUTHORIZATION FOR MEDICAL TREATMENT

Participant name: \_\_\_\_\_ (“Participant”)

DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Day/Evening) \_\_\_\_\_

In consideration of the opportunity provided to me to participate in the \_\_\_\_\_ **Disaster Response** and any services, housing, food, and the like provided by PCUSA (as defined below), I, Participant, hereby understand and agree that the Presbyterian Church (U.S.A.) General Assembly, all synods, presbyteries, and local churches and their corporations and related entities, their staff, volunteers, directors, officers, agents, elders, deacons, representatives, successors, assigns and entities (hereinafter collectively referred to as “PCUSA”) will not be responsible in any way whatsoever for loss, damage, or injury of any kind or in any manner resulting from or in connection with my participation in the \_\_\_\_\_ **Disaster Response**.

I, Participant, understand and agree that PCUSA does not and cannot guarantee my safety in connection with the \_\_\_\_\_ Disaster Response. Further, I understand and agree the activities involved with the \_\_\_\_\_ Disaster Response may include but are not limited to the following: difficult living conditions, risks concerning means of travel, food, water, diseases, pests, poor sanitation, and other health related situations, including potential injury while working. I accept and assume all responsibility for all risks which may occur during, in connection with, or result from my participation in the \_\_\_\_\_ Disaster Response including, but not limited to, potential injury while working.

**RELEASE:** With the above in mind and by my signature below, I fully understand, agree and hereby voluntarily release and forever discharge PCUSA. PCUSA shall not be responsible or liable in any way for any accident, loss, death, injury or damage to myself or my property, in connection with my participation in the \_\_\_\_\_ Disaster Response or any portion of the \_\_\_\_\_ Disaster Response even if said injury or action is due to the alleged negligence of PCUSA. Further, I do hereby agree to indemnify and hold PCUSA harmless against any and all liabilities, damages, claims, actions or rights of action, suits, judgments and associated costs and expenses (including, without limitation, attorneys' fees) of whatsoever kind in connection with my participation in the \_\_\_\_\_ Disaster Response or any portion of the \_\_\_\_\_ Disaster Response. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the PCUSA related to my participation in the \_\_\_\_\_ Disaster Response, even if any such claim or right of action is caused by PCUSA's alleged negligence. This document does not release PCUSA from gross negligence.

**MEDICAL COVERAGE:** I understand and acknowledge that **no medical or other insurance or health care benefits will be provided to me by PCUSA** during my participation in the \_\_\_\_\_ Disaster Response, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participation in the \_\_\_\_\_ Disaster Response and to cover bodily injury or property damage caused to a third party as a result of my participation in the \_\_\_\_\_ Disaster Response, as follows:

Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Address \_\_\_\_\_

**MEDICAL RELEASE:** I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during my participation in the \_\_\_\_\_ Disaster Response I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize PCUSA to make emergency medical care decisions on my behalf, and I specifically release PCUSA, in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of PCUSA's alleged negligence.

Person to be notified in case of injury:

Name \_\_\_\_\_  
Telephone: \_\_\_\_\_ (evening) \_\_\_\_\_ (daytime)  
Cell Phone: \_\_\_\_\_

**ALL PARTICIPANTS MUST SIGN:**

**My signature below indicates that I have read this entire two page document, understand it completely, and agree to be bound by its terms.**

SIGNATURE OF PARTICIPANT: \_\_\_\_\_

DATE EXECUTED: \_\_\_\_\_

**SIGNATURES MUST BE WITNESSED:**

SIGNATURE OF WITNESS: \_\_\_\_\_

DATE EXECUTED: \_\_\_\_\_

(SIGNATURE OF PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE.)

SIGNATURE OF PARENT/LEGAL GUARDIAN (if applicable) \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_

DATE EXECUTED: \_\_\_\_\_

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## Youth Release Form Example

### Youth Groups

Youth volunteers today are the adult volunteers of tomorrow. With that in mind, Hope Village will host youth groups as long as the appropriate jobs are available. Due to the nature of disaster work, we also want to protect the health of all volunteers. For this reason, we have adopted the following policy:

1. **All** adult supervisors must have basic knowledge of skills needed in rebuild, power tool safety and 1<sup>st</sup> Aid.
2. Adult supervisor must be at least 21 years of age.
3. Adult Supervisors must be no less than 1 supervisor per every 5 youth.
4. Only adults will operate power tools.
5. No one under 19 yrs. will operate power tools-
  - a. Power Tools of any kind – nailers, impact drills
  - b. Saws of any kind (exception in hand saw)
  - c. Ordinary drills hand tools are ok
6. All participants must be 15 years old and have completed 9<sup>th</sup> grade – 16 years old is the preferred starting age.
7. Participants who have not completed 9<sup>th</sup> grade may come but must have parent with them who will have total responsibility for their child's activities and presence. Hope Village cannot assign tasks for this age group – see next page for details.
8. Youth groups may be assigned to satellite housing or Hope Village depending upon space available.
9. It is highly recommended that all participants receive basic training of rebuild tasks and tool safety prior to arrival.
10. Youth participants must have parental consent form signed.



## Parental Responsibility Form

**Hope Village is authorized only to allow youth volunteers' ages 15 to 18 who have completed the 9<sup>th</sup> grade to volunteer with the appropriate parent or guardian release signed. You have chosen to bring your younger child with you, and as such, you are agreeing to assume all responsibilities relating to the child including but not limited to:**

- **Activities engaged in by the child**
- **Any injuries to the child**
- **Any tasks assigned to my child will be assigned only by me as the parent**

I, \_\_\_\_\_, acknowledge and state the following: I have chosen to travel to Minot, North Dakota, to perform cleanup or construction work due to flood damage. I have chosen to bring my child younger than 16 years of age into this environment, fully aware of any negative health impacts that may be present in the area.

I understand that I am bringing my child into this project environment at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or my child and/or any personal injury to me or my child, which may be sustained while I am serving through Hope Village.

I also understand that my child will not be left in the care or supervision of any Hope Village staff or volunteers and that I solely am responsible for my child's presence and well-being. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

In the event that Hope Village 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 security for any items. I will hold them harmless in the event of theft, or for loss resulting from, any source or cause.

By my signature, for myself, for my child, my estate, and my heirs, I release, discharge, indemnify and forever hold Hope Village, together with their partners, officers, agents, servants and employees, harmless from any and all causes of action arising from my or my child's participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence.

### PLEASE PRINT

Child's Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## PDA Suggested Packing List Example

### Bedding (Bunk beds with air mattresses provided)

- Sleeping bag or twin bed sheets
- Blanket (if you want one)
- Pillow
- Flashlight and extra batteries

### Clothing

- Socks and undergarments
- Heavy work boots (**steel-toed shoes are highly recommended**)
- Leather or heavy duty work gloves/light cotton gloves
- Rain gear
- Hat, visor, bandana and /or sweatband
- T-shirts or work shirts
- Long-sleeve shirts
- Jeans or pants and shorts
- Pajamas
- Shower shoes and robe

### Toiletries

- Toothbrush/toothpaste
- Soap/shampoo
- Wet wipes
- Deodorant
- Personal medication for length of stay
- Sunscreen
- Insect repellent
- Razor/shaving cream

### Miscellaneous

- Bible
- Travel clock
- Fanny pack/backpack
- Spending money
- Water bottle
- Sunglasses
- Ear plugs if light sleeper
- Eye mask if light sleeper

### Personal Items

- Towels/washcloths
- Car chargers for electronic equipment
- Laptops (two are provided for volunteer use – there is WIFI in the building)



### What Not to Bring

- RVs and campers (PDA cannot guarantee that there will be hookups, or even parking space for these large vehicles)
- Alcohol
- Weapons



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## Volunteer Hour Worksheet

### Volunteer hour worksheet

Homeowner:

Homeowner Phone:

Homeowner Address:

Date of Work:

Volunteer Organization:

No. Of Volunteers:

Work Completed:

Volunteer Name:

Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Total Hours							



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