

Susquehanna Valley Interfaith Disaster Relief

Hurricane Response Work Teams

The Upper Susquehanna Synod - ELCA and the Presbytery of Northumberland have come together to plan two work trips to Daytona, Florida. The first of these trips will take place **May 20-27**. You need not have any particular skills to participate in this trip, just a will to help those who have suffered loss from last year's hurricanes.

Anyone interested in this trip must complete the forms included in this packet and return them, with a **deposit of \$150**, to the Presbytery of Northumberland. The balance is due by May 1.

Our 2018 trips will cost approximately \$325, including travel by van, meals and lodging. We will work with the Florida Volusia Interfaiths/Agencies Networking in Disaster, a long-term recovery organization established to coordinate response to the hurricanes. Volunteers are housed in dormitory style rooms with bunk beds in the Union Congregational Church (UCC) in Holly Hill, Florida.

For questions or information contact Craig Miller, Assistant to the Bishop, prcmiller@uss-elca.org, or Doug Orbaker, dougorbaker@yahoo.com.

To participate in the work trip May 20—27 return the slip below along with the attached forms, and payment of \$150 (payable to Presbytery of Northumberland; indicate "Disaster Response Trip" in the memo).

Susquehanna Valley Interfaith Disaster Relief

2018 Work Trip – May 20-27

Registration

Name(s) _____

Address _____

Phone _____

Email _____

Amount enclosed _____

Return to
Presbytery of Northumberland
P.O. Box 334, Montoursville PA 17754

Volusia Interfaiths/Agencies Networking in Disaster
PO Box 9364, Daytona Beach, FL 32120-9364
(386) 255-5510 Fax (386) 255-3590
Web: www.FloridaVIND.org
E-mail: vindinfo@floridavind.org

**MEDICAL INFORMATION FOR INDIVIDUAL VOLUNTEERS
(Every Volunteer Needs to Fill Out This Form)**

**Please complete the following and give it to your Volunteer Team Leader.
The Team Leader should retain this for ON SITE to use in case of emergency.**

Name: _____ Blood type: _____

Information about any prescriptions currently taking:

Allergies: _____

Name of Contact Person: _____

Street Address: _____

City: _____ State _____ Zip _____

Phone: _____ (work) _____ (home)

Relationship to volunteer: _____

My health insurance company is: _____

Policy Number: _____

Physical limitations or concerns:

I am diabetic: _____ (Yes) _____ (No)

I have a history of seizures: _____ (Yes) _____ (No)

Please provide other helpful health information

I consider myself healthy enough to fulfill my responsibilities on the mission team:
_____(Yes) _____(No)

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INDIVIDUAL SKILLS SURVEY SHEET

Team Leader _____

Church/Organization _____

Work Week _____

Name _____ Adult _____ Youth _____

Address _____ City _____ State _____ ZIP _____

Phone (Home) _____ Work _____ Cell _____

Email Address _____

Please use the terms below to describe your area and level of skill. Each person should fill out this form. The Team Leader should then return the forms to the above address as quickly as possible. The more information we have from you, the more effectively your talents can be used in the rebuilding effort. [Example: "Painter- B"]

Construction Skill Levels

- A = Willing Helper
- B = Do-it-yourselfer
- C = Extensive handyperson – No Trade experience
- D = Worked trade previously
- E = Working trade currently
- F = Licensed

Construction Skill Areas

- _____ Window Installer
- _____ Door Installer
- _____ Electrician
- _____ Engineer
- _____ Painter
- _____ Roofer
- _____ Plumber
- _____ General Contractor (specify): _____
- _____ Drywall (hanging/finishing): _____
- _____ Carpenter (interior/framing/exterior) _____
- _____ Mason (tile-setter/block layer/plaster): _____
- _____ Heating/AC Installer/Ducts) _____
- _____ Insulation
- _____ Kitchen Cabinets
- _____ General Helper
- _____ Other specify): _____

Human Service Skill Levels

- A = Willing Helper
- B = Volunteer (specify areas of Training/experience
- C = Professional (specify Training/education

Human Service Skill Areas

- _____ Counseling
- _____ Crisis Intervention
- _____ Casework
- _____ Program Planning
- _____ Youth Work
- _____ Elderly Outreach
- _____ Other (specify) _____

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PARTICIPANT LIABILITY RELEASE FORM

Please read before signing as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Volusia Interfaiths/Agencies Networking in Disaster (VIND).

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 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 and/or Flood disasters, 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 as well as 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 VIND, together with its 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: _____

Parental Signature (if participant is a minor) _____ Date: _____

Dates of work team or dates covered by this liability release form: _____

Street address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name and Phone: _____

Name of Church or Organization Affiliation: _____

Witness: _____

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A COVENANT FOR SUCCESS

We are privileged to have the opportunity to serve our great Community by being volunteers in this mission. Our primary purpose as volunteers is to assist those in our community who have become disaster victims and whose needs we can help to meet. We are to invest ourselves in the mission and honor our commitment to serve those in need of our assistance in all 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 the delay times to rest, get acquainted and assist in any other things that need to be done.

Cooperation is the key. We will need to cooperate with many persons in various conditions. It is important to smile, a happy and positive attitude will go a long 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 don't 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 or oil for outside work.
- 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 BE SAFE!**