



NATIONAL BAPTIST CONVENTION, USA, INC.

DR. JULIUS R. SCRUGGS, PRESIDENT
Office of Disaster Management

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National Baptist Disaster Response Volunteer Information Form (page 1 of 3)

Contact Information: _____ Date: _____

Name: _____

Name of Church or Organization: _____

Pastor/ Leader: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____/_____/_____ Cellular: _____/_____/_____

Day Phone: _____/_____/_____ Fax: _____/_____/_____

Email: _____ @ _____

Date of Birth: _____/_____/_____ Male Female

Marital Status: Married Single Divorced Widow/Widower Other _____

If Married, name of your spouse: _____

Citizenship: _____

Passport Number (if applicable): _____ Expiration Date: _____

Name exactly as it appears on your passport (please print): _____

How did you hear about the National Baptist Disaster Relief?

Internet Site: _____

Publication/Article: _____

Friend: _____

Pastor/Church staff: _____

Other: _____

NATIONAL BAPTIST DISASTER RESPONSE

National Baptist Disaster Response Volunteer Information Form (page 2 of 3)

Name: _____

PREVIOUS VOLUNTEER SERVICE: (Please check or fill in)

I have participated on a volunteer project with National Baptist Stateside Internationally

In what location(s): _____

I have participated on a volunteer project with a different agency: _____

In what location(s): _____

EDUCATION: GED Completed High school College Other _____

If college, please specify: Name of College or University: _____

Degree/Major: _____

Specialized or technical education or training: _____

What school or institute: _____

EMPLOYMENT: Employed Not currently employed Retired Self employed

If currently employed, Name of employer: _____

Position: _____

SKILLS AND ABILITIES for Volunteer relief work: _____

Languages spoken fluently: _____

What countries have you visited for work or vacation: _____

What date are you available to depart home for volunteer assignment: _____

How long can you spend away from home during disaster relief efforts? _____

Church History: Attend Church? Church Name: _____

Church Address: _____

Pastor: _____ Church email: _____

Denomination: _____

NATIONAL BAPTIST DISASTER RESPONSE

National Baptist Disaster Response Volunteer Information Form (page 3 of 3)

Name: _____

Please complete if known:

Field Placement: _____

Name of Field Personnel/Partner: _____

Assignment: _____

Dates: _____

If participating on a Team, Total number of People on your Team: _____

Emergency contact Information:

(1) Name: _____ Phone: _____

Email: _____ Relationship: _____

(2) Name: _____ Phone: _____

Email: _____ Relationship: _____

If you would like documentation of your volunteer service with NBC for tax purposes, please let us know. This will be done on an individual basis and by request only: Yes No

Do we have your permission to share contact and service information with your State/ District office?
 Yes No

The submission of this application does not in any way constitute acceptance for work on a volunteer opportunity project. Some opportunities will require a background check. I understand National Baptist Convention has the right to accept or deny my application at its sole discretion. I hereby express my understanding that NBC and its associates do not assume any responsibility for loss of property, damage to the same, personal harm or illness that may come; and I, for myself, my heirs, executors, administrators, distributes and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve said National Baptist Convention USA, Inc. and its associates and hold them harmless from any claim or demand which I or they might conceivably assert upon the basis of the foregoing.

Signed: _____ Date: _____

Please mail this completed Volunteer Information Form, including photograph, to:

**Disaster Volunteers
NBC Office of Disaster Management
C/O Mt. Sinai Baptist Church
501 W. Thomas Blvd.
Port Arthur, TX 77640**

NATIONAL BAPTIST DISASTER RESPONSE

General Medical Information (page 1 of 2)

Please bring this form with you when you report for your assignment

Name: _____

Date of Birth: ____/____/____ Age: _____ Male Female

Marital Status: Married Single Divorced Widow/Widower Other _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: ____/____/____ Cellular: ____/____/____

Emergency Contact: _____ Phone: ____/____/____

MEDICAL STATEMENT

(All information requested below **must be** filled out before participant can take part in the disaster relief program.)

MEDICAL HISTORY:

How would you describe your general health: Excellent Good Health

If you have any health issues or mobility restrictions, please explain: _____

Are you taking any medications: No Yes / IF yes, please explain

Medication: _____ Reason(s): _____

Medication: _____ Reason(s): _____

Medication: _____ Reason(s): _____

Any history of the following (check): Trick Knee Weak ankles Bad back

Other: _____

Are you subject to any of the following (check): Epilepsy Heart Disease Diabetes

Hypertension Other: _____

Appendix removed? _____ Tetanus Shot updated? _____

Allergies (food, drugs, other): _____

Medications used to treat allergies: _____

Medical treatment received in the past year: _____

Have you had or been exposed to any contagious disease in the past six months? _____ If so, please explain: _____

Physician's Name: _____ Phone: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

NATIONAL BAPTIST DISASTER RESPONSE

General Medical Information (page 2 of 2)

Name: _____

MEDICAL CONSENT

I hereby give permission for my son/daughter/self (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.

Signed: _____ Date: _____

INSURANCE

Insurance issued in the name of : _____

Address of insured: _____

Name of insurance company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Policy Number: _____

PHYSICIAN (Optional)

I have examined the applicant and find that he/she is in good health for participation in Disaster Relief Work.

Physician's Signature: _____ Date: _____

Comments: _____

You must bring this completed form with you. Please leave it with the contact person when you check in. Be sure to also sign in the volunteer register when you check in. Thank you.

NATIONAL BAPTIST DISASTER RESPONSE

Volunteer Agreement Form

Please bring this form with you when you report for your assignment

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the NBC. As a volunteer, I confirm that I am not going as a duly elected representative of my local church or convention.

I, _____, acknowledge and state the following: I have chosen to perform _____ resulting from _____.

I understand that this work is hazardous and entails risk of physical injury and often involves hard physical labor, heavy lifting, strenuous activity, long work hours, use of ladders, construction on roofs or other raised surfaces, screws, nails, broken glass, electrical hazards, falls, unloading supplies, accidents while traveling, cuts, bruises, burns, falling debris, falling trees/limbs, and other hazards foreseeable and unforeseeable that area associated with this type of activity. I recognize and acknowledge potential accidents as the disaster site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the disaster relief team; am full aware of possible injuries to member of the disaster relief team, including myself. I understand these dangers and 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 of my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected. I assume all risk and responsibility for any damage or injury to my property or any personal injury that I may sustain while involved in this project, and related medical costs and expenses. I also understand that each individual will have the responsibility of providing his or her own health and accident insurance in the event of any illness or injury experienced during or as a result of participating in this volunteer mission.

In the event that NBC arranges accommodations, I understand that they are not responsible 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 accommodations at that time.

Parents are responsible for children that are minors and the church group leader is responsible for youth under age 18.

This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein above stated. I understand that this form will remain in effect for this project and all future projects unless I or representative of the NBC gives notice.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold the local church and/or NBC together with 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.

Signature Date

Witness Date

Emergency

Contact Person: _____ Phone: _____

NATIONAL BAPTIST DISASTER RESPONSE

Supplies Check-List for Volunteers

(What to bring)

DEVOTIONAL MATERIALS:

- Bible Devotional

IDENTIFICATION:

- Passport Driver's License Vehicle Registration Phone Numbers

Family Physician: _____

Employer: _____

Church: _____

Emergency Contact: _____

INSURANCE INFORMATION:

- Health _____
- Auto _____
- Life _____
- Money or traveler's checks (\$50 to \$400)
- Notebook, Pens, Pencils
- Disaster Relief or Disaster Recovery Manual

CLOTHING: (FOUR-DAY SUPPLY)

- | | |
|---|---|
| <input type="checkbox"/> Disaster Relief Hats | <input type="checkbox"/> Disaster Relief ID Card |
| <input type="checkbox"/> Jeans or Work Pants | <input type="checkbox"/> Shirts (warm & cool weather) |
| <input type="checkbox"/> Socks (2 per day, white or wool blend) | <input type="checkbox"/> Underwear |
| <input type="checkbox"/> Bandanas or handkerchiefs | <input type="checkbox"/> Work gloves |
| <input type="checkbox"/> Coats or jackets (waterproof, warm & cool weather) | <input type="checkbox"/> Rain gear or Poncho |
| <input type="checkbox"/> Hat or Cap | <input type="checkbox"/> Suitcase or Duffel Bag |
| <input type="checkbox"/> Sleepwear | <input type="checkbox"/> Laundry Bag |

SHOES/BOOTS

- Work Shoes or Boots Sneakers Waterproof Footwear

HEALTH, SAFETY & HYGIENE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Prescription Medication | <input type="checkbox"/> Non-Prescription Drugs/Vitamins | <input type="checkbox"/> Sun-block |
| <input type="checkbox"/> Allergy Kits | <input type="checkbox"/> Liquid Antibacterial Soap | <input type="checkbox"/> Laundry detergent |
| <input type="checkbox"/> Bar Soap | <input type="checkbox"/> Deodorant | <input type="checkbox"/> Feminine Hygiene Needs |
| <input type="checkbox"/> Personal Needs | <input type="checkbox"/> Towels | <input type="checkbox"/> Wash cloths |
| <input type="checkbox"/> Mouthwash | <input type="checkbox"/> Toothbrush | <input type="checkbox"/> Toothpaste |
| <input type="checkbox"/> Dental Floss | <input type="checkbox"/> Lip Balm | <input type="checkbox"/> Shaving Cream |
| <input type="checkbox"/> Razor | <input type="checkbox"/> Diarrhea Medicine | <input type="checkbox"/> Antacids |
| <input type="checkbox"/> Constipation Relief | <input type="checkbox"/> Insect Repellent | <input type="checkbox"/> Skin Lotion |
| <input type="checkbox"/> Blister Kit | <input type="checkbox"/> A&D Ointment | <input type="checkbox"/> Anti-Fungal Ointment |
| <input type="checkbox"/> Foot Powder | <input type="checkbox"/> Toilet Tissue | <input type="checkbox"/> Antibacterial wipes or gel |
| <input type="checkbox"/> Band-Aids/Elastic Bandage Wrap | <input type="checkbox"/> First Aid Cream (e.g., Neosporin) | |

FOOD:

- DIET FOOD SNACKS

MISCELLANEOUS SUPPLIES & EQUIPMENT:

- Flashlight or Lantern Sleeping Bags Watch or Clock Tent (optional)