



**Helene ERR/Rebuild
Swannanoa
VOLUNTEER INFORMATION**



Site Phone Number: **910-857-8968**
Site Email: marion.rebuild@ncmissions.org

SITE INFORMATION: **Swannanoa First Baptist**
503 Park St
Swannanoa, NC 28778

NC Baptists On Mission Position Statement Regarding Illness

In an attempt to prevent the spread of COVID-19, or any other flu-like illnesses, BOM requests that anyone with a fever greater than 99.1, cough, runny nose, sore throat, or trouble breathing, not participate in BOM related activities. Please use hand sanitizer, and wash hands frequently.

Logistics: sleeping, showers, and food are provided at the site. You will need to provide your own **SINGLE** cot/air mattress and bedding items, towels, washcloths etc.

Youth Groups: Youth groups are able to help in the rebuild process. Please make sure you have a ratio of 1 adult for every 3 youth. Youth must be in 8th grade or higher.

Information about background checks, parental waivers, etc. can be found in this packet of information.

Nature of Work: Teams will be making Essential Rapid Repairs (ERR) to homes damaged by Hurricane Helene making them safe, sanitary and functional (not finished). Please remember that this work is only the tools for reaching people for Christ. Love them and pray for them.

What To Bring list is included in this packet.

Wear appropriate clothing and shoes for chainsaw and debris removal, check with the site at the number listed above to see if you need to bring gloves, eye wear and tools.

Paperwork: (BRING ALL FORMS TO THE SITE)

If you have trained with NC Baptists on Mission Disaster Response, please go to the website: www.baptistsonmission.org to bring a printed profile with you.

Anyone not trained with NC Baptists on Mission Disaster Response must complete a medical form (included in this packet)

All youth completing 8th grade – 17 years old must have a parent complete and sign a Youth liability release form (included in this packet)

WHEN YOUTH are attending and your group is SPENDING THE NIGHT, all those 18+ must complete a background check (form included in the packet)

Volunteer Check-In: When your group arrives, each group member will be asked to check in electronically. The team leader will give all paperwork for your team to the admin volunteers.



North Carolina Baptist Disaster Relief

PO Box 1107

Cary, NC 27512 - 1107

(800) 395-5102 Fax (919) 460-6329



NC Baptists on Mission - General Medical Information

Name: _____ (Last) (First) (Middle)	Birthdate: _____ Age: _____ Sex: M F Marital Status: _____ Weight: _____ Height: _____
Address: _____ City: _____ State: _____ Zip: _____	Home Phone: (____) _____ Mobile: (____) _____ Email Address: _____
Emergency Contact Person: _____ Emergency Contact Phone: _____	Church: _____ Association: _____

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

a. General Health (circle): GOOD FAIR POOR

b. Limitations: _____

c. Do you have any of the following? If yes, please explain type and severity.

Medication Allergies	No	Yes _____
Food Allergies	No	Yes _____
Other Allergies	No	Yes _____
Asthma	No	Yes (Epinephrine or Hospitalization Required?) _____
Diabetes	No	Yes (Insulin Required?) _____

d. Do you have history of (circle): Heart disease Hypertension Appendectomy Epilepsy Sleep Apnea

e. Tetanus shot updated? (year) _____

f. Please list any medications in the table below.

Medication:	Reason:	Dosage (mg per day):

g. Medical treatment received in the past year:

h. Have you been exposed to any contagious disease in the past six months? _____ If yes, what? _____

Physician's Name: _____	Address: _____
Office Phone: (____) _____	City: _____ State: _____ Zip: _____

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

Signature: _____ Date: _____

INSURANCE

Name of insured: _____ Policy number: _____	Name of insurance company: _____
Address of insured: _____	Address of insurance company: _____

You must bring this completed form and turn in at registration.

What To BRING

This is a standard list to help you organize for your trip. Items with ✓ are specific for this trip.

Devotional Materials: ✓Bible ✓Devotional

Identification: ✓Disaster Relief ID (if available) ✓Driver's License ✓Vehicle Registration ✓Phone Numbers

Insurance Information: (List Company, Policy Number, Coverage, Agent, Phone Number)

✓Auto (if driving)_____

✓Life (if applicable)_____

Other: **(Electrolyte supplements – such as Propel/ Gatorade) to aide in hydration. We do have water for teams on site.

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|--|--------------------------------|
| ✓Money (\$50 -\$200) | ✓Sleeping Bags |
| ✓Notebook, Pens, Pencils | ✓Cot/Air Mattress (NO DOUBLES) |
| ✓Disaster Relief or Disaster Recovery Manual (if you have one) | ✓Clock |
| ✓Flashlight or Lantern | |

Clothing: (Four-Day Supply)

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|---|------------------------------------|
| ✓Disaster Relief Hats (if you have one) | ✓Laundry Bag (put your Name on it) |
| ✓Jeans or Work Pants | ✓Shirts (warm & cool weather) |
| ✓Socks (2 per day, white or wool blend) | ✓Underwear |
| ✓Bandannas or handkerchiefs | ✓Work Gloves |
| Coats or jackets | ✓Rain Gear or Poncho |
| ✓Hat or Cap | ✓Suitcase or Duffel Bag |
| ✓Sleepwear | EAR PLUGS |

Shoes/Boots:

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|----------------------|-----------|----------------------|
| ✓Work Shoes or Boots | ✓Sneakers | ✓Waterproof Footwear |
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Health, Safety, & Hygiene: ✓ all apply

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|--------------------------------|---------------------------|----------------------|
| Prescription Medication | Non-Prescription Drugs | Sun block (15+) |
| Allergy Kits | Liquid Antibacterial Soap | Laundry Detergent |
| Bar Soap | Deodorant | Feminine Needs |
| Personal Needs | Towels | Wash Cloths |
| Mouthwash | Toothbrush | Toothpaste |
| Dental Floss | Shampoo and Conditioner | Comb or Brush |
| Hair Spray | Lip Balm | Shaving Cream |
| Razor | Diarrhea Medicine | Antacids |
| Laxatives | Insect Spray | Skin Lotion |
| Blister Kit | Antibiotic Ointment | Anti-fungal Ointment |
| Foot Powder | Eye Protection | Ear Protection |
| First Aid Kit | | |

If you have a CPAP, bring power strips and extension cords

Food:

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| ✓for any special diet (we cannot always guarantee special menus) | ✓Snacks | ✓Water (bottles or cooler) |
|--|---------|----------------------------|