

Volunteer Info

Hurricane Florence

Virginia Baptist Site Coordinator
Site Contact Number: (804-298-5052)

Location
Second Baptist Church
2516 W 5th St
Washington, NC 27889

DO NOT SEND OR BRING UNSOLICITED DONATIONS

You are asked not to bring anything with you that has not been explicitly requested by our DOC.

Logistics

We will likely be stationed in close, cramped quarters. There are no private rooms for couples. So please bring either a TWIN size air mattress or cot along with pillow, linens and blankets/sleeping bags.

Showers, laundry facilities, and meals are provided at the church.

Nature of Work

To serve those who have been affected by Hurricane Florence. Our immediate service will be to provide hot meals for lunch and dinner. We will also offer clean up service that consists of mud out, tear out, temporary roof repair and chainsaw work.

We are always focused on the spiritual needs of the people here so remember to care and pray for these survivors as you work!

Paperwork

You must turn in a completed Contact and Release form. In addition, you will need to complete the Medical form. Both forms are included in this packet. The Medical form is to be kept with you at all times. Please bring these with you, if you are able, which will expedite your check-in process. Additional copies of both forms will be available on site.

Clean up volunteers – we encourage you to bring your own tools to do the necessary work of hurricane disaster relief. We will have safety equipment available for you, but your tools will supplement the supply of tools that we will have on hand.

We are NOT accepting volunteers under the age of 16, and any who are will be sent home. Volunteers between the ages of 16 – 18 must be accompanied by a parent or guardian.

**DOC HOTLINE
833-374-3577**



Response Fast Facts

You have responded to the callout. Now what? This Fast Facts Sheet will help refresh you on training so you'll be ready to hit the ground running.

Callout Protocol

Remember, every response is local. We are responding at the invitation of local leaders, and we need to respect their community and their leadership.

WE DO NOT SELF-DEPLOY!

While In Transit

Please check in with the VBDR Disaster Operations Center (DOC) every four hours while in transit.

833-374-3577

This allows us to communicate any changes or road closures while also keeping onsite leadership informed as to the ETA of all volunteers

Fuel up early and often in the possible event of a power outage or fuel shortage near the Site location.

In addition, consider carrying cash for fuel, meals and snacks while in transit in the event of power outages.

Leadership Structure

This is not a democracy. The White Hat/Incident Commander is in charge.

- White Hat: site leader
- Blue Hat: team leader
- Yellow Hat: team members

Safety Reminders

Safe operations are of utmost importance. Whether serving properly prepared food, or staying safe on a clean-up job with the proper equipment, we want to be safe.

Basic safety equipment will be provided on any job:

- safety gloves and hand sanitation in the kitchen
- chaps, safety glasses, and basic safety gloves for a chain saw operation
- respirator masks and Tyvek suits for flood clean up

If you need custom safety equipment or prefer to have your own, ensure you have professional-caliber safety equipment.

Sharing Your Faith

Sharing your faith through the service you are providing is exactly what Jesus would do and have you do.

Our actions may not always be enough of a witness alone, so feel free to share your faith in a sensitive way:

1. Listen first. Hear their story and let them tell it. They need someone to hear it.
2. Be careful with your words. Remember **you** do not understand what they are going through, even if you had a similar experience.
3. Encourage them to sit down with a member of our Crisis Care Team.

Do not pressure them to respond to your faith. Hear their faith story if they are willing to share. If they want to learn more about your story and your faith journey, they will ask, and the door will be open for a conversation.

Telling Your Story

Encourage your friends, family, and church to pray and give as you go and to follow along online:

- BGAVDR.org
- facebook.com/VB.Disaster
- instagram.com/BGAVDR

Financial contributions are the best way to make a difference in the field. These donations strengthen our ability to respond when our teams are working.

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Packing Guide

Reminders

We will likely be stationed in close, cramped quarters. Please pack accordingly:

- twin-sized air mattress or cot

Also, don't forget:

- toiletries and a bag to carry to and from the shower
- medications and other necessary healthcare needs

Clean up volunteers, please leave dirty clothing and shoes from a clean-up site in a bag outside the building. Laundry equipment should be available on site and laundry service may be offered as well.

Creating Memories

You will undoubtedly have challenging, hard experiences while in the field. Remember to take notes of momentous occasions, jot down the names, the details, and the stories you encounter.

When you return home, you will be able to continue reflecting on these experiences and allow others to join you in the reflection.

Devotional Materials

- ☐ Bible
- ☐ Devotional Guide
- ☐ Pen
- ☐ Notebook

ID, Communication & Health

- ☐ Driver's License or Gov't ID
- ☐ Vehicle Registration (if driving)
- ☐ Cell Phone
- ☐ Complete VBDR Health + Emergency Contact Form

Clothing

- ☐ Jeans or Work Pants
- ☐ Socks (multiple per day)
- ☐ Bandannas, handkerchiefs or rags

- ☐ Coats or jackets (warm or cool weather, depending on season)
- ☐ Hat or Cap
- ☐ Sleepwear
- ☐ Shirts (warm & cool weather)
- ☐ Underwear
- ☐ Work gloves
- ☐ Rain Gear or Poncho
- ☐ Suitcase or Duffel Bag
- ☐ Evening casual wear

Footwear

- ☐ Work Shoes or Boots
- ☐ Sneakers/casual shoes
- ☐ Waterproof Footwear
- ☐ Shower Shoes/Sandals

Health, Safety & Hygiene

- ☐ Prescription Medication
- ☐ Non-Prescription Medication
- ☐ Allergy Medication
- ☐ Soap, shampoo
- ☐ Deodorant
- ☐ Toothpaste, brush, mouthwash, floss
- ☐ Hair Spray
- ☐ Laxatives, Diarrhea Medicine, Antacids
- ☐ Blister Care
- ☐ Foot Powder
- ☐ Towels (bath, hand, washcloth)
- ☐ Lip Balm
- ☐ Insect Spray, Sunblock

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Please keep this form AND insurance card on your person at all times.
We are grateful you can respond!!

VOLUNTEER MEDICAL FORM FOR _____

NAME

INSURANCE & PHYSICIAN INFORMATION

Medical Insurance Carrier: _____ Policy Number: _____

Primary Physician: _____
NAME PHONE

Dentist: _____
NAME PHONE

Other Physician: _____
NAME AND DESCRIPTION PHONE

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which the participant is subject and of which the staff/leaders should be aware. Please also include any action of protection required on account thereof.

Please check the following areas of concern for you/your child. If necessary, add another page with details.

1. History of the following:

_____ Trick Knee _____ Weak Ankles _____ Bad Back _____ Other (Describe: _____)

2. Subject to:

_____ Diabetes _____ Epilepsy _____ Heart Disease _____ Hypertension

3. Does the participant have allergies to (please list if applicable):

_____ Pollens _____ Medications _____ Foods _____ Insect Bites

Details: _____

4. Date of last Tetanus shot: _____

5. Appendix Removed? _____

6. Does the participant wear: _____ Glasses _____ Contacts

7. Please list any current medications or medical concerns of which leaders or medical personnel should be aware.

8. Please list and explain any major illnesses the participant has experienced during the last year. Should the participant's activity be restricted for any reason? Please provide specifics.

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**Please complete the form below;
Read and sign the release.
We are grateful you can respond!!**

2828 Emerywood Parkway | Richmond, VA 23294 | 833.374.3577 | www.BGAVDR.org

PARTICIPANT & FAMILY INFORMATION

Participant Name: _____
FIRST MIDDLE LAST

Nickname: _____ Gender: ☐ M ☐ F Birthdate: ____ / ____ / ____

Phone Number: (____) _____ (____) _____
HOME CELL

E-mail Address(es): _____

Address: _____
STREET APT #

CITY STATE ZIP

Your Church: _____

EMERGENCY CONTACT INFORMATION [PARENT/GUARDIAN IF UNDER 18]

Contact #1 Name: _____ Relationship to Participant: _____

Phone Numbers: (____) _____ (____) _____ (____) _____
HOME CELL WORK

Contact #2 Name: _____ Relationship to Participant: _____

Phone Numbers: (____) _____ (____) _____ (____) _____
HOME CELL WORK

PERMISSION AGREEMENT AND SIGNATURE

Volunteer (if volunteer is under 18, then parent/guardian) agrees to the following: I understand this work entails a risk of physical injury and certify I am in good health and can participate in such activity. I understand I am engaging in this project and assume all risk and responsibility. In the event that I/the volunteer is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician.

In addition, the volunteer agrees to the following UNLESS it is initialed to opt out:

_____ I authorize the Baptist General Association of Virginia, its affiliates and partners, to copyright and publish all photographs and video in which I/my child may appear or speak in to publicize or promote future events and/or ministries of the organization. I release all claims against the Baptist General Association of Virginia with respect to the copyright, publication or use of such photographs or video footage, including any claim for compensation related to their use.

_____ is permitted to participate in activities sponsored by Virginia Baptist Disaster Response.
NAME OF VOLUNTEER

SIGNATURE [OF VOLUNTEER OR PARENT/GUARDIAN]

DATE

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