# PWNC WV Flood Relief Mission Trip – April 30-May 6

This Spring, the **Missions Committee** will be offering a mission trip to **West Virginia** to help with flood recovery. The number of natural disasters seems to be overwhelming in the recent past. South Carolina, Louisiana, Eastern North Carolina, East Tennessee, and West Virginia have all experienced disasters that will take years to recover from. We have been to South Carolina twice and will be planning other trips. This spring's trip is to an area that was devastated by floods; an area that already experiences high levels of poverty. We will be working with the help of **West Virginia Ministry of Advocacy & Workcamps, Inc., Presbyterian Disaster Assistance, and Ronceverte Presbyterian Church in Greenbrier County.**

Ronceverte Presbyterian

Below is an overview of the trip from WVMAW:

WVMAW is a long term recovery agency that is an arm of the WV Presbytery disaster response. We book week long groups for long term recovery projects, and have project managers who lead and teach and keep materials on site. Generally we book Saturday to Saturday, but most groups arrive on Sunday. We are flexible in that many cannot stay the full week so you can choose how many days would work for your team. The cost is $250 per person for the week, and we can break it down to daily working day rate. The only cost you will need to figure is transportation and food.

**Dates: Sunday, April 30 – Saturday, May 6, 2017**
**Cost: $250 per person for the whole week (food will be included); cost will be prorated for those staying less than the full week.**
**Registration forms are available from the Presbytery Office through the website.**

**WV Ministry of Advocacy and Workcamps Inc.**
**LIABILITY RELEASE FORM**

(For All Volunteers - Please fill out both pages and return two months prior to your trip.)

I, _____, acknowledge and state the following: I have chosen to travel to the work site to perform cleanup/construction work in disaster relief. I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting, and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that I am 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 the disaster. 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 material costs and expenses.

In the event that West Virginia Ministry of Advocacy and Workcamps, Inc. arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lockup 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 my estate my heirs and myself I release, discharge, indemnify and forever hold West Virginia Ministry of Advocacy and Workcamps, Inc., 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, including any damages which may be caused by their own negligence. I also give permission for my picture to be used in West Virginia Ministry of Advocacy and Workcamps, Inc., publicity.

Signature: _____ Date: _____

For more information, go to www.wvpresbytery.org/wvmaw.htm.

**MEDICAL INFORMATION**:(Your confidentiality will be respected.)
***If you will be driving volunteers, please enclose a copy of your Driver's License.***

Participant Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____
Date of Birth _____ Age _____ Gender: M / F

Emergency Contact Name _____
Emergency Contact Phone Number _____

Insurance Company Name _____
Insurance Policy Number (if applicable)_____
Insurance Policy Group Number (if applicable)_____

Date of last tetanus shot_____ Blood type (if known)_____

Please indicate if you have experienced health problems with the following:

| | | | |
|---|---|---|---|
| Appendicitis____ | Ear trouble____ | Headache____ | Rheumatic Fever___ |
| Sinus trouble____ | Hernia____ | Convulsions____ | Fainting____ |
| Heart disease____ | Cramps in water___ | Epileptic seizure_ | Diabetes |

Allergies (Please list type and treatment necessary)
_____

Please indicate any items that need to be avoided (such as paint fumes, heights, poison ivy, etc.)_____

Other significant illnesses_____

Any and all health/medical information supplied above is for exclusive use of WVMAW and its agents (all supervising personnel). By signing the Liability Release Form, I give permission for this information to be used in planning for and supervising my participation while in West Virginia.

**SKILLS INFORMATION:**
**What is your usual occupation?_____**
Please indicate on this form your approximate level of skill using 1-4 to grade experience as listed below:
1 - Can supervise or teach this activity
2 - Able to competently perform this activity
3 - Could perform this activity with sufficient instruction
4 - Have never done this, or not a skill of mine

| Carpentry | Cement work | Demolition | Drywall | Electrical | Floor/Tile | Glasswork | Masonry | Painting | Plumbing | Roofing | Yardwork |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

**WEST VIRGINIA MINISTRY OF ADVOCACY AND WORKCAMPS**
**PARENTAL RELEASE FORM**
(for volunteers under age 18 – please fill out this form and the Liability Release Form)

Name of volunteer: _____

I hereby give permission for my child to serve in the Disaster Response project coordinated by the West Virginia Ministry of Advocacy and Workcamps on the following date(s)_____. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand that I am responsible for his/her medical insurance and will not hold West Virginia Ministry of Advocacy and Workcamps, Inc., liable for any injury or damage to my child while engaged in the disaster project.

Parent/Guardian Signature:
_____

Home Telephone: _____ Work Telephone: _____

Your relationship to participant: _____

Does your child have any physical limitation that might affect his/her work?
_____

Special needs if any:
_____
_____
_____

Volunteer Signature: _____

Date: _____