

## Volunteer Information and Release form

Thank you for volunteering with Chestnut Street UMC, Lumberton, NC. Teams like yours are making a difference across the country as you share the Jove of Christ by giving of your time and service to help families clean up and rebuild.

Please complete the following information. This provides PDA & Disaster Response NC Conf UMC with a record of your volunteer work and allows us to send you 1) a letter or certificate acknowledging your volunteer service and 2) Mission Mosaic, a semi-annual update (in magazine format) of how Presbyterians are responding to disasters around the world. This form also includes required release information and **must be completed before your participation in the village begins.**

*Please legibly: PRINT the following information:*

Check one:  Mr.  Mrs.  Ms.  Rev. Other \_\_\_\_\_

Name (first and last) \_\_\_\_\_

Email address \_\_\_\_\_

Would you like to receive PDA Rapid Information Network (PDA-RIN) email updates on disaster responses?  
We encourage you to share the information with your congregation. Yes  No

Phone numbers (please specify if home/office/cell) \_\_\_\_\_

Who is your Team Leader on this volunteer mission Mr. Melvin Meares  
*(person who organized the trip and contacted PDA)*

What group are you volunteering with? *(the church, presbytery, or organization your team is part of)*

Organization Name Presbytery of Western North Carolina

City/State/Zip Morganton, NC 28655

*Team Leaders please also include:*

Organization Street Address 114 Silver Creek Road, Morganton, NC 28655

Organization Phone# 828/438-4127

Arrival Date September 16, 2018 Departure Date September 22, 2018

Have you been to a PDA site before? If yes, when and where?

*Please continue to the next page for required release information and signatures,*

**GENERAL RELEASE, INDEMNIFICATION AGREEMENT AND  
AUTHORIZATION FOR MEDICAL TREATMENT**

Participant name: \_\_\_\_\_ ("Participant")

DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Day/Evening) \_\_\_\_\_

In consideration of the opportunity provided to me to participate in the PDA & Disaster Response NC Conf UMC Disaster Response and any services, housing, food, and the like provided by PCUSA (as defined below), I, Participant, hereby understand and agree that the Presbyterian Church (U.S.A.) General Assembly, all synods, presbyteries, and local churches and their corporations and related entities, their staff,

· volunteers, directors, officers, agents, elders, deacons, representatives, successors, assigns and entities (hereinafter collectively referred to as "**PCUSA**") will not be responsible in any way whatsoever for loss, damage, or injury of any kind or in any manner resulting from or in connection with my participation in the PDA & Disaster Response NC Conf UMC Disaster Response.

I, Participant, understand and agree that PCUSA does not and cannot guarantee my safety in connection with the PDA & Disaster Response NC Conf UMC Disaster Response. Further, I understand and agree the activities involved with the Disaster Response may include but are not limited to the following: difficult living conditions, risks concerning means of travel, food, water, diseases, pests, poor sanitation, and other health related situations, including potential injury while working. I accept and assume all responsibility

for all risks which may occur during, in connection with, or result from my participation in the PDA & Disaster Response NC Conf UMC Disaster Response including, but not limited to, potential injury while working.

**RELEASE:** With the above in mind and by my signature below, I fully understand, agree and hereby voluntarily release and forever discharge PCUSA. PCUSA shall not be responsible or liable in any way for any accident, loss, death, injury or damage to myself or my property, in connection with my participation in the PDA & Disaster Response NC Conf UMC Disaster Response or any portion of the PDA & Disaster Response NC Conf UMC Disaster Response even if said injury or action is due to the alleged negligence of PCUSA. Further, I do hereby agree to indemnify and hold PCUSA harmless against any and all liabilities, damages, claims, actions or rights of action, suits, judgments and associated costs and expenses (including, without limitation, attorneys' fees) of whatsoever kind in connection with my participation in the PDA & Disaster Response NC Conf UMC Disaster Response or any portion of the PDA & Disaster Response NC Conf UMC Disaster Response. Further, I make this agreement on behalf of my heirs, agents, fiduciaries, successors and assigns. I waive, knowingly and voluntarily, each and every claim or right of action I have now or may have in the future against the PCUSA related to my participation in the PDA & Disaster Response NC Conf UMC Disaster Response, even if any such claim or right of action is caused by PCUSA's alleged negligence. This document does not release PCUSA from gross negligence.

**MEDICAL COVERAGE:** I understand and acknowledge that **no medical or other insurance or health care benefits will be provided to me by PCUSA** during my participation in the PDA & Disaster Response NC Conf UMC Disaster Response, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participation in the PDA & Disaster Response NC Conf UMC Disaster Response and to cover bodily injury or property damage caused to a third party as a result of my participation in the PDA & Disaster Response NC Conf UMC Disaster Response, as follows:

Company \_\_\_\_\_ Policy# \_\_\_\_\_

Address \_\_\_\_\_

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**MEDICAL RELEASE:** I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during my participation in the PDA & Disaster Response NC Conf UMC Disaster Response I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize PCUSA to make emergency medical care decisions on my behalf, and I specifically release PCUSA, in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of PCUSA's alleged negligence.

Person to be notified in case of injury:

Name \_\_\_\_\_

Telephone: \_\_\_\_\_ (evening) \_\_\_\_\_ (daytime)

CellPhone: \_\_\_\_\_

**ALL PARTICIPANTS MUST SIGN:**

**My signature below indicates that I have read this entire two page document, understand it completely, and agree to be bound by its terms.**

SIGNATURE OF PARTICIPANT: \_\_\_\_\_

DATE EXECUTED: \_\_\_\_\_

**SIGNATURES MUST BE WITNESSED:**

SIGNATURE OF WITNESS: \_\_\_\_\_

DATE EXECUTED: \_\_\_\_\_

(SIGNATURE OF PARENT OR LEGAL GUARDIAN IS ALSO REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE.)

SIGNATURE OF PARENT/LEGAL GUARDIAN (if applicable) \_\_\_\_\_

SIGNATURE OF WITNESS: \_\_\_\_\_

DATE EXECUTED: \_\_\_\_\_

**North Carolina Conference of the United Methodist Church**  
**700 Waterfield Ridge Place, Garner, North Carolina 27529**  
**888-440-9167 or 919-779-6905**

**8 LIABILITY RELEASE FORM** (ALL VOLUNTEERS, YOUTH AND ADULT)

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*Please read this agreement carefully before signing to fully understand your working relationship with The United Methodist Church North Carolina Conference Disaster Response.*

I, \_\_\_\_\_ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work to repair or replace homes.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other activity; including some that takes 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 this is a "grass roots" activity to support individuals adversely affected by disaster or assisting to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to myself or my property and related medical costs and expenses which I may sustain while involved in this project. I understand that I am engaging this project at my own risk.

In the event that my supervising organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property and that they will not provide 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 The United Methodist Church North Carolina Conference, 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 caused by their negligence.

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Volunteer Signature:

Date:

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Street Address:

City:

State:

ZIP:

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Emergency Contact:

Phone

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Arrival Date

Departure Date

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Parent/Guardian:

Phone

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Witness Signature:

Phone

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**9 MEDICAL INFORMATION *(TEAM LEADER RETAIN THIS FORM ON JOBS/TE FOR EMERGENCY)***

(If you do not bring your insurance card with you, please make a copy of both sides.)

Blood Type \_\_\_\_\_ Allergies: \_\_\_\_\_

I am diabetic:   Y       N                                   I have a history of seizures:   Y       N

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

**Make Certain:** You bring a detailed list of each team member's medications' they are currently taking, the specific name and/or generic name <sup>2</sup>, the actual dosage <sup>3</sup> and application frequency'.

Any Physical Limitations, concerns or other helpful health information?

I consider myself healthy enough to fulfill my responsibilities on the mission team.   Yes       No

I, \_\_\_\_\_ (volunteer's signature), authorize \_\_\_\_\_  
(team leader) to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above and further authorize the release of medical information from my personal medical records for the following purpose:

\_\_\_\_\_ but I do not give permission for any other use or re-disclosure of this information.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

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**7 SKILLS ASSESSMENTS**

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