



**North Carolina Conference of The United Methodist Church
Disaster Response Ministries**

700 Waterfield Ridge Place, PO Box 1970
Garner, North Carolina 27529

Phone: (888) 440-9167 FAX: (919) 773-2308 Email: disasterresponse@nccumc.org

**EARLY RESPONSE TEAM
INFORMATION PACKET**

Dear Volunteer:

Thank you!

Thank you for responding to the needs of others through the Disaster Response Ministry of the North Carolina Conference of The United Methodist Church.

This information packet contains all of the information required for registering your Early Response Team with our office.

The following forms should be completed and returned as per the below prior to deployment. PDF's via email are preferred but documents can also be manually completed and faxed if necessary.

Form	To Be Completed By	Return to:
ERT Participant Liability Release	Each Team Member	NCCUMC DRM PO Box 1970 Garner, NC 27529 disasterresponse@nccumc.org
ERT Medical Information Form	Each Team Member	Team Leader
USA Missioner Profile & Release of Claim	Each Team Member	UMVIM, SEJ 100 Centerview Drive Birmingham, AL 35216 sejinfo@umvim.org
Disaster Response Scholarship Application	Team Leader	
USA Roster & Team Payment Form	Team Leader	

NOTE: There is no cost to register or insure your Early Response Team. This cost is waived for Early Response Teams. As such, you may strike through the Registration/Insurance Payment section at the bottom of the *USA Roster and Team Payment Form*. Please note that the insurance policy pays secondary to any insurance you may have and primary for those persons who are not covered otherwise.

May God bless you as you continue to serve Him.

Sincerely,

Ann Huffman, Coordinator
Disaster Response Ministries
North Carolina Conference
The United Methodist Church



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ERT PARTICIPANT LIABILITY OF RELEASE FORM

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the Disaster Response Ministries of the North Carolina Conference of The United Methodist Church.

I, _____, acknowledge and state the following: I have chosen to travel and perform responsibilities associated with disaster response ministries.

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 in good health and physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

In the event that my supervising disaster 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.

I understand the need for confidentiality and will not discuss, photograph or otherwise disclose identifying information about the occupants of the house I am working in without prior permission from this agency and the family. This includes any reference to names, addresses, or other identifiable information.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold The North Carolina Conference of The United Methodist Church, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence.

PLEASE PRINT

Name: _____

Date: _____

Address: _____

City State Zip

Home
Phone: () _____

Mobile
Phone: () _____

Emergency Contact: _____

Phone: () _____

Relationship: _____

Signature: _____



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ERT MEDICAL INFORMATION FORM

**Please complete the following and provide to Team Leader
THE TEAM LEADER SHOULD RETAIN THIS FORM ON SITE IN CASE OF EMERGENCY**

PLEASE PRINT

Name: _____

Blood Type: _____

Diabetic? Yes No

History of

Seizures? Yes No

Emergency

Contact: _____

Home Phone: () _____

Name: _____

Mobile Phone: () _____

Address: _____

City

State

Zip

Relationship

to Volunteer: _____

Prescriptions I
currently use:

Physical limitations
or concerns:

I am allergic to:

Health Insurance
Company:

Policy Number:

If it is not possible for you to bring your insurance card with you, please bring a photocopy to keep with you at all times.

Signature: _____

Date: _____



United Methodist Volunteers in Mission
 Southeastern Jurisdiction Office of Coordination
 100 Centerview Drive, Suite 210
 Birmingham, AL 35216

Phone: 205.453.9480
 Fax: 205.453.9481
 Email: sejinfo@umvim.org
www.umvim.org

USA MISSIONER PROFILE AND RELEASE OF CLAIM

This form is for teams traveling to projects inside the USA. Each team member must complete this form and a packet of all team members' Missioner Profiles must be sent to the UMVIM, SEJ office **at least two weeks** prior to departure.

Team Leader _____	Departure Date _____
Project Name _____	Return Date _____
Project Location _____	Work Phone _____
Legal Name _____	Home Phone _____
Address _____	Date of Birth _____
_____	Sex _____
Email _____	Emergency Contact _____
Conference _____	Relationship to you _____
District _____	Phone Number _____
Local Church _____	
Beneficiary _____	

The following guidelines are recommended by the UMVIM, SEJ Board of Directors for all missioners, both team members and individual volunteers. Volunteers in Mission are not tourists; they go at the invitation of another church as guests. It is extremely important to be willing to adjust to the expectations of the host church. Therefore, in consideration of the opportunity to participate in the project described above as a volunteer, and in consideration of other obligations incurred by the mission organization, please review the following agreement and sign below:

- I agree to share my faith in an appropriate Christian manner.
- I agree to cooperate at all times with the team leader concerning our work and life together including daily assignments, food, lodging, transportation, and to stay with the team the duration of the trip.
- I agree to abstain from offensive habits while on the mission. **(The use of alcohol and tobacco is unacceptable for Christians in many countries).**
- Further, I hereby release and discharge the mission organizations which assisted in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, and executions which I ever had, or now have, or may have or claim to have, against the mission organizations, their agents, employees, and officers, and their successors or assigns for all personal injuries to personal property, real or personal, caused by, or arising out of, the above described mission service. I intend to be legally bound by this statement.
- I hereby acknowledge that by engaging in this mission, I am subjecting myself to certain risks voluntarily, including and in addition to those risks which I normally face in my personal and business life, including but not limited to such things as healthy hazards due to poor food and water, diseases, pests, and poor sanitation; potential danger from lack of control over local population; potential injury while working; and inadequate medical facilities, etc.
- I agree to comply with my annual conference Safe Sanctuary policy. For further guidelines go to: www.umvim.org

The validity, construction and interpretation of this **Missioner Profile and Release of Claim** form shall be governed by and construed in accordance with the domestic laws of the state of Georgia, in which the UMVIM, SEJ office was incorporated and our insurer, the CMA Agency, Inc. is located.

In witness whereof, I have executed this agreement and this release at: _____ Date: _____
 (City and State)

Signature: _____

If under the age of 18: Parent's Signature _____

Parent's Printed Name _____

Important Note: This form alone is **NOT** sufficient to institute insurance coverage for you. If you desire insurance for your mission, it **MUST** be accompanied by a completed copy of the Team Roster form (one per team) with a check for the registration and the appropriate amount for the desired coverage.



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Disaster Response Scholarship Application

This form is for teams from Southeastern Jurisdiction Annual Conferences serving in areas of Disaster Relief. It should be completed by the Team Leader and sent to the UMVIM, SEJ office two weeks prior to departure.

Team Leader:
 Email:
 Phone:
 Conference:

Departure Date:
 Return Date:
 Disaster Project:
 Project Location:

- The Scholarship will cover registration and insurance for each team member.
- The team leader will also need to complete the Team Roster and Project Commitment Form, Team Roster and Payment Form.
- Each team member will need to complete a Missioner Profile.

Indicate:

- Early Response Team
- ERT UMCOR credentialed-expiration date as it appears on badge is _____
- Recovery Team

By signing as the team leader, I indicate that I have complied with the criteria for this scholarship.

- Teams must have a trained team leader
- Teams must register/insure through the UMVIM, SEJ office
- Churches/team leaders may only receive one (1) scholarship award annually
- Team leader must complete the application

Conference UMVIM Coordinator may send their approval via email.

 Team Leader's Signature

 Date

 Conference UMVIM Coordinator's Signature

 Date

