
VOLUNTEER INFORMATION PACKET



South Carolina Conference
THE UNITED METHODIST CHURCH

DISASTER RECOVERY

“I give you a new commandment: Love each other. Just as I have loved you, so you also must love each other. ³⁵ This is how everyone will know that you are my disciples, when you love each other.”

John 13:34

March 2019
Hurricane Florence Disaster Recovery
(843) 630-2377
screcover@umcsc.org



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South Carolina Conference
THE UNITED METHODIST CHURCH

DISASTER RECOVERY

South Carolina Annual Conference Office

4908 Colonial Drive, Columbia, SC 29203

Florence Recovery Office: (843) 506-1289

Hurricane Florence Recovery Director Tim Whitten: twhitten@umcsc.org

Greetings from the South Carolina United Methodist Disaster Recovery!

Thank you so much for inquiring on how we can partner together to spread God's love to those in recovery **FIND THEIR WAY HOME**. We praise God every day for all God has accomplished through so many precious volunteers; however, there is still much work to be done. It is our prayer that you and your team will join us in serving God's children through this ministry.

If you have any questions, concerns, or if we can help you in any way please do not hesitate to contact our Recovery Director: Tim Whitten (843) 506-1289, or our Disaster Recovery Volunteer Coordinator: Rev. Emily Kirby (843) 630-2377 or screcovery@umcsc.org.

Please email digital copies of all forms two weeks prior to your volunteer week to screcovery@umcsc.org. Please also have two hard copies of forms, one to submit upon arrival and one to remain at your worksite.

We look forward to partnering with you as we serve the wonderful residents of South Carolina!

Blessings,

Mr. Tim Whitten
Hurricane Florence Recovery Director

Rev. Emily Kirby
Volunteer Coordinator



2. Covenant for Success

Hurricane Florence impacted areas throughout North and South Carolina through extreme wind and flood damage. Over 15,000+ individuals applied for assistance through FEMA to try and rebuild their lives. In South Carolina this is the 3rd major disaster in the past 4 years. To meet the significant need, the South Carolina United Methodist Church has partnered with UMCOR (United Methodist Committee on Relief) with a long term goal to meet the needs of 230+ households! This will include construction work, case management, and necessitate (THIS IS WHERE YOU COME IN!) 900+ volunteers!

The opportunity to be in ministry with those who are rebuilding their lives is an honor and privilege. We are able to partner together to be God's hands and feet. **OUR PRIMARY TASK IS TO RESPOND TO UNMET NEED BUT, OUR PRIMARY PURPOSE IS TO RADIATE THE LOVE OF GOD IN ALL WE DO.** In other words, as you prepare to serve remember that the desire to finish a task at hand needs to come second to any opportunity you may have to radiate the love of God. Together we can listen to survivor's stories, play with children, practice patience, be adaptable, and help individuals rebuild their lives one step at a time.

Listed below you will find [On-Site Guidelines](#). These are ways that we can further ensure your time serving will be fruitful and safe for all involved. Please review this list with your team prior to arrival.

- No alcohol, drugs, or other illegal substances.
- Refer to leader any changes, suggestions, or concerns.
- Work to acceptable standards. Do the best you can-if not better!!!!
- Ask questions if you do not know how or what to do next. Remember there is no such thing as a dumb question.
- Do not assume you know the entire building plan. Ask before you start a new project.
- Wear modest clothing – shoulders covered and loose-fitting shorts that are long enough – sensible, safe shoes.
- Use Sunscreen lotion or oil for outside work or play.
- Foul or undesirable language is not permitted.
- Keep workspace and living space neat and clean.
- Do not criticize, gossip, or start rumors



3. Behavior Policy Agreement

I realize that the following commitment is crucial to the effectiveness, quality, and positive expression of our mission together. As the team leader of the United Methodist Volunteers in Mission team, I agree to communicate the following policy to my team:

1. Lift up Jesus Christ with my thoughts, words, and actions.*
2. Follow all Safe Sanctuary practices as deemed by the South Carolina Annual Conference
3. Develop and maintain a servant attitude toward the people our team serves as well as toward each team member.
4. Pray for and support my team leader and his/her decisions.
5. Respect the host's religious views, realizing that different people have different expressions of faith.
6. Accept the ministry that is going on in the area where I am serving as well as the local approach to the mission, though it may differ from my own approach.
7. Strive for harmony among team members, hosts, and people of the hosts' society, keeping in mind local conditions and customs. To do this I will follow the teachings of Christianity, the Golden Rule, and local societal customs and laws; avoid local taboos; use common sense and good judgement in all things; be considerate, tolerant, and patient with other customs, beliefs, and needs; and generally set a good Christian example.
8. **Abstain from using alcohol, tobacco, illegal drugs, and profanity; wearing inappropriate clothing; and engaging in other objectionable behavior. Abstain from all violence including having any firearms/dangerous weapons from the time of my departure until my return home.**
9. Refrain from negativism and complaining. Travel and ministry outside of my church may present unexpected and even undesired circumstances. However, my support and creativity will improve the situation.
10. Refrain from gossip. If it is not true, good, and positive, I will not say it.
11. Remember that I am a servant of Jesus Christ called to be in ministry with the host team. I will serve as best I can so that both the spiritual purpose and the task of the mission will be accomplished.

***Volunteers who desire to serve in an emergency or chronic disaster setting are asked to show their faith and love by what they do and say. It is important to be extremely sensitive to the mission context. Proselytizing, converting others to United Methodism, and preaching are inappropriate.**

Signature

Date



3. Mission Guidelines

Volunteers In Mission

- a. Youth Volunteers include ages 14, 15, 16, & 17 year olds
- b. Every 5 youth volunteers under age 16 must be accompanied by 1 parent/guardian (5 to 1))
- c. Every 5 youth volunteers should have at least one skilled carpentry volunteer (5 to 1)

Insurance Coverage

- a. All team members must have current medical insurance coverage individually.
- b. Please have insurance cards or clear copies of insurance cards for all team members on with the Team Leader

Work Center Accommodations

- a. There is NO charge for housing but teams are responsible for their own food and meals.*
 - b. Kitchens (including cookware refrigerators, freezers, and utensils), bathing facilities, and lounging/meeting areas are available for use. Please respect the locations and maintain them as neatly and cleanly as possible.
 - c. Cots are available in some locations; however, we recommend air mattress (TWIN SIZE MAX) and sleeping bags be provided by each team as they need.
 - d. Please plan to bring your own towels, linens, and personal needs as necessary.
- * **All teams are required to bring their own food and paper goods. Sometimes meals are provided by hosting churches or other community congregations, but that information will be coordinated closer to the time you will be arriving.**

MISSION TRIP HOUSING AND SERVICE FEES

Many churches in South Carolina have opened their doors to volunteer teams. They have generously agreed not to charge a fee for housing volunteers. In turn, the Disaster Recovery operation ***is not charging a mission fee to volunteer teams***. However, we ask that you prayerfully consider making a donation for the church that houses your team based not only on the additional expenses they incur (i.e. electricity, water, custodial, etc.), but also what you may think appropriate to the churches size, facilities available and general condition of the church itself. **Project expenses are not required. However, donations of material or money would be greatly appreciated.**



South Carolina Conference
THE UNITED METHODIST CHURCH

DISASTER RECOVERY

ALL (MAILED) DONATIONS CAN BE SENT TO:

Mail to:

South Carolina Annual Conference
4908 Colonial Drive, Columbia, SC 29203

Make checks payable to:

South Carolina United Methodist Church Annual Conference

In the Memo Line Please Add:

Hurricane Florence Disaster Recovery

DONATIONS CAN BE MADE ONLINE BY VISITING:

<https://www.umcsc.org/ministries/outreach/sc-disaster-recovery/>



3. Recommended Lists

Packing List

Old work clothing (long pants)

Clothes for after work

Cotton and plastic work gloves

Water bottle / jug / cooler

Disposable face masks

Safety goggles (may be a team item)

Personal hygiene items

Nametags durable enough for the work site

Heavy work shoes/ boots

Hat (weather appropriate)

Shower Shoes

Any personal hand tools you like using

Long sleeved shirts/ blouses

First aid supplies (see First Aid Kit List below)

Twin size air mattress / Sleeping bag / sheets

Pillow

Blanket

Liability / Medical release forms

Towels and washcloths

Flashlight

Insect Repellant

Gel Hand Sanitizer

Sun block (30 SPF Minimum is recommended)



DISASTER RECOVERY

4. BYOT (Bring Your Own Tools)

The initial phase of a disaster is called **READINESS**. That said the most successful missions teams are those who are prepared to be as self-sufficient as **reasonably** possible. Ask your team to meet and think through 'How they will help' as part of your own readiness effort. Most of the tools you will need are common household tools. Use the list below to determine if you have household tools you could bring to use.

Common Household Tools		
Nail aprons	Trash Bags	Floor Scrapers
Hammers	Chalk Line/Chalk	Extension Cords
Masks	Crow Bars/ Wonder Bars	- Heavy Duty 50' & 100'
- (NIOSH approved & N95 Rating)	Speed Square	Ladders
Safety Goggles/Glasses	Framing Square	Drop Lights/ Extra Light
- (OSHA approved)	Paint Rollers	Pencils
Sledge Hammer	Roller Pans	Work Gloves
Knee Pads	Paint Thinner	Latex Gloves
Tape Measures	Painters Tape- 2 in. wide	Cotton Rags
Drills and Bits	Skill Saw/ Extra Blades	Cordless Drill
Screw Guns	Hacksaw/ Extra Blades	Generator
Sheet Rock Screws	Table Saw	Electric Wire
Nails	Chop Saw	Pick Axe/ Maul
Duct Tape	Key Hole Saw	Black electrical tape
	Utility Knives	T-Square
	Levels	Roofing Shovel
	Reciprocating Saw	

THE MOST IMPORTANT TOOL YOU WILL BRING IS YOU! PLEASE INDICATE YOUR TEAM SKILLS ON THE SKILLS ASSESSMENT PAGE.
TOOLS WILL BE PROVIDED BY THE SOUTH CAROLINA RECOVERY TEAM.
ALL TEAM TOOLS WILL BE IN ADDITION TO WHAT WILL ALREADY BE PROVIDED.

Our construction staff will contact the worksite and/or team leaders as soon as they know worksite information. This will enable you to decide what tools to bring.

** Due to liability concerns, DISASTER RECOVERY does not issue nail guns or chain saws.

*** Always wear safety eye wear & use a spotter when using extension ladders

**** Team Leaders please have a safety briefing daily to alert Disaster Recovery team of any specific needs or issues.



5. General Safety Rules

The time to start “Planning Proper Accident Prevention” is NOW! Please, pay attention to these safety check lists and use them. Don’t spend your volunteer work trip in a hospital bed. Use these checklists to help you think before you work. REMEMBER: Better SAFE than SORRY!

Personal Checklist:	Jobsite Checklist:
<ul style="list-style-type: none"> ○ Are you well & able to safely participate in work at this time? ○ Are you well rested and alert? ○ Do you have safety glasses? ○ Do you have ear plugs? ○ Is your clothing securely fastened? ○ Are your clothes not obviously loose or baggy? ○ Have you removed all jewelry? ○ Have you thought through the job? ○ Will you need help/helpers? ○ Will you be working in hazardous areas? ○ Any special precautions for your work? 	<ul style="list-style-type: none"> ○ Have you identified all safety shutoffs? ○ Fire extinguishers and Types? ○ First Aid Kits and Assembly Areas? ○ Emergency eye wash? ○ Emergency shower? ○ Is your work area properly lighted? ○ Are all tools in good working condition? ○ Are all tools’ safety mechanisms working? ○ Is everything properly clamped/stable? ○ Is your work area clear/uncluttered? ○ Do you have proper tools for the work? ○ Will you work safely avoiding risk?

5. First Aid & Medical Emergency Safety Readiness

**All teams are required to provide their own First Aid Kit (including Hospital Information)*

<u>Item and Minimum size or Volume</u>	<u>Recommended Minimum Quantity</u>
Absorbent Compress, 32 sq. in. (No side smaller than 4”)	1
Adhesive Bandages, 1” x 3”	16
Adhesive Tape, 5 yd.	1
Antiseptic, .5g application	10
Burn Treatment, .5g application	6
Medical Exam Gloves	2 pr.
Sterile Pads, 3”x 3”	4
Triangular bandage, 40” x 40” x 56”	1



8. Liability Forms & Trak-1

PARTICIPANT LIABILITY RELEASE ADULT FORM

(Every adult volunteer must complete this form)

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Disaster Recovery, South Carolina Conference.

I, _____ acknowledge and state the following:
I have chosen to travel to perform clean-up/construction work designed 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 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 understand that this is a “grass roots” activity to support individuals adversely affected by hurricane/flood disaster or are receiving assistance to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

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 lock up 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 myself, my estate and my heirs, I release, discharge, indemnify and forever hold, Disaster Recovery, South 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 which may be caused by their negligence.

SIGNATURE _____ **DATE** _____

DATES of WORK TEAM or DATES COVERED by THIS LIABILITY FORM _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PERSON to CONTACT in CASE of EMERGENCY _____

PHONE _____ **WITNESS** _____

ORGANIZATION OR CHURCH NAME _____



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LIABILITY RELEASE FORM FOR YOUTH

(Every youth volunteer (14-17 years old) must have a parent/guardian complete this form)

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Disaster Recovery, South Carolina Conference.

I, _____ acknowledge and state the following:

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

I understand that his 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 understand that this is a “grass roots” activity to support individuals adversely affected by hurricane/flood disaster or are receiving assistance to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I any sustain while involved in this project, and related medical costs and expenses.

As a minor on this team, I certify that I have the appropriate parental release forms necessary to allow the team leader to act in my behalf and, by my signature on the agreement, I certify that those in team leaders care will be bound by the same terms and conditions. I understand that it is the team leaders’ responsibility and not the supervising agency to verify these items.

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 lock up 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 myself, my estate and my heirs, I release, discharge, indemnify and forever hold Disaster Recovery, South 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 which may be caused by their negligence

Signature of Parent/Guardian _____

Signature of Youth _____ Date _____

Address _____

Person to contact in case of emergency _____

Phone _____ Witness _____



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8. Trak-1

All adult volunteers (ages 18 and older) must complete a Trak-1 background check prior to serving with the South Carolina Disaster Recovery Team. Each background check will cost \$13.35. Volunteer teams are expected to cover team background check fees. If scholarship for background checks are needed please contact the Recovery Team Volunteer Coordinator. Background checks will remain active for three years.

Welcome

Please enter your details below. An invitation will be sent to your email to initiate the background screening process.

First Name:

Last Name:

Email:

Already a user? [Click here to login.](#)

**Welcome to our
Volunteer Screening Program**

The South Carolina United Methodist Conference pledges to be a safe sanctuary for all who come to worship in our churches. As a volunteer or staff member at your local church, you are being called to undergo background screening to ensure that you, too, are committed to creating a safe community of faith for all in our community.

CALL M-F 8:00AM-5:00PM CST
(918) 779-7000

©2019 Trak-1 Technology.

To access the Trak-1 background check please visit: <https://www.smart-trak.com/umcsc/>

Background Check Notes:

1. If you do not receive an email from Trak-1 after registering please check your Spam folder
2. ALL information must be provided, including social security numbers, addresses, previous names, etc.
3. Please use your entire legal name (eg. Donald Douglas Jones **NOT** Donald D. Jones or Don Douglas Jones)



9. Medical Information Form

(Every Volunteer Must Fill Out This Form)

Please Complete the following and give to Team Leader.

TEAM LEADER SHOULD RETAIN THIS FORM ON SITE TO USE IN CASE OF EMERGENCY.

Name _____ Dates of mission trip _____

1. Blood type _____
2. Information about any prescriptions I use: _____
3. I am allergic to: _____
4. Name of contact person _____
 - a. Street Address _____
 - b. City _____ State _____ Zip _____
 - c. Phone (work) _____ (Home) _____
 - d. Relationship to volunteer _____
5. My health insurance company is _____
 - a. Policy Number _____
6. Physical limitations or concerns: _____
7. I am diabetic: Yes _____ No _____
8. I have a history of seizures: Yes _____ No _____
9. Please provide other helpful health information: _____
10. 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.

The under signed releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Church, the Annual Conference, and any related agency, conference, district, local church, member, employee or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual's planned participation or involvement in the Hurricane Florence Recovery. The Undersigned has been advised and understands that the project may involve unusual risks to participants.

Participant's Signature _____



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MEDICAL RELEASE FORM FOR MINORS

(Every Volunteer Under the Age of 18 Must Fill Out This Form)

Participant Information

Date/ Destination of Trip _____

Team Leader _____

Minor's Name _____ Date of Birth _____

Emergency Name and Phone number to Notify _____

Insurance Carrier _____ Policy Number _____

Allergies and Medications _____

Permission to give Tylenol (Yes/No) _____ Other medication (Be specific) _____

Describe Medical Conditions/ Limitations _____

Signature of Minor

Date

Name of Guardian on Trip

PARENT OF GUARDIAN AUTHORIZATION

I, _____, authorize _____
(Parent or Guardian) (Guardian on Trip)

To consent to any necessary examination, anesthetic medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor 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.

(Signature of Parent or Guardian)

Date

NOTARIZATION OF PARENT OR GUARDIAN AUTHORIZATION

On this _____ (day) of _____, Year _____. Before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the free act and deed thereof.

Notary of Public

State of _____ County of _____

My commission expires _____



10. Confidentiality Agreement & Media Release

Confidentiality Agreement

As a volunteer or employee of the South Carolina Conference, Southeaster Jurisdiction, of the United Methodist Church, and this Disaster Response Team, I am aware that the data and materials to which I have access are to be treated in a professional and confidential manner. This information will be used on in the conduct of official internal business of the office of SCUMC and this Disaster Response Team and may not be disclosed to any unauthorized third party. I understand that any violation of this agreement will result in disciplinary action at the discretion of management of the SCUMC and this Disaster Response Team. I understand by signing this agreement that I have a legal commitment to abide by this confidentiality agreement. This agreement will remain in effect throughout any voluntary services or employment with the SCUMC and this Disaster Response Team.

Signature

Date

Printed Name

Media Release

I hereby authorize and agree that the United Methodist Committee on Relief (UMCOR), their partners and affiliates, their legal representatives, successors and assigns, shall have the absolute right to copyright, publish, use and to make and assign any and all photographs, videos, or written/audio accounts that document my life in newspapers, magazines, other publications, television, motion pictures, internet or other media, which will be circulated to the general public for marketing , business, or any other purpose, or to provide access to members of the public media to do the same.

Signature

Date

Printed Name



11. Team Discussion & Debriefing

Please consider holding a prayerful group discussion with your team prior to and following the end of your mission trip to a disaster site. Use this form to initiate thoughtful reflection and time to share together. Keep in mind that team members react to a disaster experience differently and talking about that experience, before returning to 'normal life', is good for the soul, especially with those who share in it!

At the close of your debriefing take a moment to complete the 'Mission Trip Evaluation' on the next page and give us feedback so we may improve our ways of working together.

Your First Reactions

1. When you heard about this disaster, what was your first reaction?
2. What are some of the first stories about the disaster that stand out in your mind?
3. How did you hear of the opportunity to serve in this manner and how did your faith get you into this?

Your Relationship with the Survivors

1. Describe the state of mind or physical condition of most of the survivors you encountered.
2. How do you believe you were accepted by the survivors?
3. What helped you the most in your relationship with them?
4. What was the hardest about working with the survivors?

Joys and Concerns

4. What part of this event bothers you the most or do you wish you had not experienced?
5. How has your experience affected your faith and your faith affected this experience?
6. What things happened to give you hope in the midst of all of this difficulty?
7. In what ways do you feel the church has made a difference?
8. Where have you seen God working in this disaster?

- Adapted from "The Debriefing Model: Journal Questions for Disaster Workers" and "Critical Incident Stress Debriefing".



12. Evaluation

Please fill out this Evaluation Form at the end of your mission trip and
return to a Disaster Recovery Staff Member.

Name of Team Leader	
Name of Organization	
Dates Served	

1. What motivated you or your team to become involved with this project?
2. Were your objectives for this mission met?
3. What additional information could have been offered to help prepare your team?
4. How was your reception when you arrive?
5. With regards to construction:
 - Did you get advance information about the work you would be doing within an appropriate time frame?
 - Did you get an adequate orientation at your work site?
6. Did you complete today's / the week's task? Y N



7. If No, what is left?

8. Was special equipment available if needed? If no, what was needed?

9. Did you have any problems? Y N

10. If Yes, what were they and how can we improve on the situation?

11. Did you have adequate housing? Y N

12. What could we do to improve your team's or another team's experience with us?

13. Please comment on the following

a. How did this experience improve your insight on life? Change your life? Touch your heart?

b. When did you feel closest to God this week?

c. Additional comments which you believe will be helpful to us:



13. Additional Resources

CHECKLIST TWO WEEKS BEFORE DEPARTURE

- _____ 1. Have you emailed your team demographic information (ages, male/female breakdown, skill set, etc.) 1 month prior to serving?
to the DISASTER RECOVERY volunteer coordinator? (elkirby@umcsc.org)
- _____ 2. Have you collected and made copies of the liability forms/ ensured team has read covenants?
- _____ 3. Have you filled out the Medical Information Sheet to bring with you?
- _____ 4. Do you have Medical Releases for Minors to bring?
- _____ 5. Have you sent the skills survey sheets to the DISASTER RECOVERY office (elkirby@umcsc.org)?
- _____ 6. Do team members have adequate clothing and tools?
- _____ 7. With youth (minimum age 14 years), do you have enough adults (1 adult per 4 or 5 youth)?
- _____ 8. Do you have a water jug and a first aid kit for each vehicle?
- _____ 9. Does someone at home know the emergency telephone number?
- _____ 10. Do you know how to get to your place of lodging?
- _____ 11. Have you communicated your planned arrival time? Please call 843)630-2377 when 2 hours out.
- _____ 12. Do you have adequate money for your trip – for gas, food, and emergencies?
- _____ 13. Have you prepared your team to be flexible to changes in work assignments?
- _____ 14. Are you planning outings for which you need advance tickets? Have you ordered these?
- _____ 15. Are you preparing your team members to have broad expectations for the trip? Will they be a witness to Jesus Christ and recognize the people they meet as Children of God?
- _____ 16. Who is your construction supervisor? Have you planned with him about how the team will be divided for work once the assignments are made?
- _____ 17. Have you asked a team member to be the photographer and another member to be the journalist?



General Safety Rules

- Keep the work area clear of clutter.
- Keep work area well lighted.
- Maintain and keep tools sharpened, oiled and stored in a safe, dry place.
- Wear ear and eye protection when cutting, sawing, drilling, or grinding.
- Supervisor should instruct everyone using equipment on safe procedures before he/she uses them.
- Inspect tools, cords, and accessories regularly.
- Repair or replace problem equipment immediately.
- Use three-prong (3) electric plugs double insulated tools, and safety switches.
- Machine guards must be in place and not removed.
- Install and repair equipment only if you are qualified.
- Use the right tool for the job: for instance, do not use a screwdriver as a hammer
- Carry a sharp tool pointed downward or place in tool belt or toolbox.
- Protect a sharp blade with a shield.
- Store tools in drawers or chests with cutting edge down.
- Do not wear jewelry or loose clothing when using power tools or operating any equipment.
- Use safety glasses, dust masks, hardhats, etc., as needed.
- All hand-held power-driven tools must be equipped with “dead-man” control, so power will automatically be cut off upon release of the control by the operator.
- Never leave a running tool unattended.
- Train all workers in the proper use of hand and power tools.
- Tools of a non-sparking material must be used if fire or explosion hazards exist.
- All fuel-operated tools shall be stopped and allowed to cool prior to being refueled, serviced, or maintained and proper venting exercised when used in enclosed spaces.
- Power-grinding machines shall have proper grounding. Work rests must be kept at a distance not to exceed 1/8 inch from the wheel surface.
- All persons using abrasive wheels shall use approved eye-protective devices.
- Avoid repetitive motion, hold tools in neutral position.
- Cell phones are to be left in vehicles while on the job site.



DISASTER RECOVERY

SOUTH CAROLINA UMC SAFE SANCTUARY GUIDELINES

For Mission Work Connected with the Hurricane Florence Disaster Response

1. No adult on a job site will be alone with a child or youth at any time.
2. Out of consideration for and sensitivity to survivors, volunteers will refrain from posting about homeowners on any social media.
3. Only team leaders will post to official South Carolina annual conference social media.
4. The definition of “youth” for the guidelines purposes is a person under eighteen (18) years of age and at least fourteen (14) years of age.
5. Youth will be invited to make trips to South Carolina to work with our Hurricane Florence Disaster Recovery in a ratio of 1:4, meaning one (1) adult for four (4) youth. TO qualify as an adult, the person must be 25 years of age or older.
6. While on the trip, one adult will not be alone with a youth unless the adult is a parent of the youth.
7. There will be separate sleeping areas for males and females for all mission teams. For instance, if the team is sleeping in a gym, separate areas should be designated for males and females.
8. It is recommended that youth and adults do not share rooms. However, use of dorm rooms with a combination of youth and adults is acceptable when:
 - a. Persons sharing the room are of the same gender
 - b. There are at least two non-related adults and two youth per room.
9. Shower times will be scheduled separately for youth and for adults in order to prevent adults and youth showering at the same time in facilities with open shower areas.
10. All youth must have a medical release form and release of liability signed by parent and notarized to be on the team. These forms are provided in our Volunteer Team Packet.
11. No youth team member will be allowed to be alone with an adult from the Host Mission Site during the mission. This includes host pastors, congregation members, homeowners, clients of mission agencies, etc. Likewise, an adult team member is not to be alone with a youth from the Host Mission Site.
12. All male and female adult team members need to have a “buddy” system at the site at all times. It is recommended that these adults be unrelated. It is critical that we leave no team member alone to protect them from harm.

Signature of Team Leader

Date