

Operation Communitas

6576 Cunningham Lake Rd., Brighton, MI 48116

Office 888-206-4494

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www.operationcommunitas.org

New Orleans Project

Greetings Volunteer Leaders and Volunteers!

This packet has all the information needed to register you and your work team.

Please read it carefully.

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Page numbers 1 – 4 are to be kept by the team.

Page 5 / 6 must be filled out by each volunteer and returned to Operation Communitas.

- 1. Letter to Volunteer Team Leaders**
- 2. Covenant for success / On-site Guidelines**
- 3. Volunteer Information and Rebuilding Team's Tool and Supply List**
- 4. Checklist for Two Weeks Prior to Departure**
- 5. Volunteer Liability and Medical Release Form (Must be filled out by each volunteer and returned to Operation Communitas no later than 3 weeks prior to departure date.)**

Dear Volunteer Team Leader,

Operation Communitas and our partnering New Orleans churches will coordinate all of the hurricane recovery efforts for the volunteers working on the New Orleans Project. When your team's application is received, our office will match your team with a work project in the disaster area and pass your information to an on-site manager. The on-site manager will host your team and provide support and direction while you are in their area.

Thank you for reaching out to help those who have been affected by Hurricanes Katrina and Rita. We truly appreciate your generosity and compassion.

Please take a moment to print, review and complete the packet of forms necessary to service you. These forms are also found on our web site: www.operationcommunitas.org

If you have further questions or require further assistance, please contact us at,

Operation Communitas
6576 Cunningham Lake Rd.
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Office 888-206-4494
Fax 888-206-4494
billsharp@operationcommunitas.org
www.opereationcommunitas.org

Thank you
Bill Sharp
O. C.

Covenant for Success

We have been given an opportunity to join hands with the people of New Orleans. To work together as one people with a common goal, not to just rebuild some houses in New Orleans but to be the hands and feet of Christ. By being the hands and feet we will open ourselves to build relationships, by building relationships we will learn to work together, by learning to work together we will help to rebuild homes, not houses, in New Orleans.

We will be flexible, adaptable, sensitive and patient. There will be times when we may want to hurry and just get things done, but we are not just rebuilding a building of 2X4's and drywall we are helping to rebuild lives and that must not be hurried.

We must have open communication, with a willingness to cooperate in a compassionate way to accomplish what needs to be done.

On-site Guidelines

- Foul or undesirable language is not permitted, or necessary.
- No alcohol, drugs or other illegal substances.
- Work to acceptable standards. Do the best you can, if not better.
- Ask questions if you don't know how or what to do next. Remember there is no such thing as a dumb question!
- Answer questions asked of you remember as hard as it may be at times there is no such thing as a dumb question.
- Wear modest clothing – shoulders covered and loose fitting shorts that are long enough, sensible safe shoes.
- Use sunscreen lotion for outside work.
- Keep work space and living space neat and clean.
- Don't criticize, gossip, or start rumors.

Have fun and spread the word when you return home. We can use all the help we can get!

Personal Items

Work pants
Work shorts
Short sleeved shirts
Long sleeved shirts
Work boots
Work gloves
Sleeping bag / twin sheets
Pillow

First aid supplies (band aid, disinfectant)
Towels and wash cloths
Personal hygiene items
Gel hand sanitizer
Disposable face masks
Insect Repellant
Water bottle

Tool List and Other Items

Nail aprons
Brooms
Hammers
Knee pads, if needed
Tape measure
Pencils
Cordless drills
Drill bits
Screw guns
Screw drivers
Safety goggles
Work gloves
Sheetrock screws
Latex gloves
Nails (all kinds)
Duct tape
Levels
Trash bags
Chalk line and chalk
Sunscreen and hats
Skill saw and extra blades

Hacksaw and extra blades
Masking tape
Keyhole saw
Utility Knives
Drop lights and extra light bulbs
Electric wire
Reciprocating saw
Electrical tape
Electrical supplies
Extension cords (heavy duty 50' & 100')
Floor scrapers
Crow bars
Wonder bars
Speed square
Framing square
Paint rollers
Paint pans
Cotton rags
Plumbing supplies

Checklist for Two Weeks Prior to Departure

1. ____ **Have you forwarded completed Liability Release Forms for all volunteers to Operation Communitas?**
2. ____ **Have you forwarded completed Medical Information Forms for all volunteers to Operation Communitas?**
3. ____ **Has each volunteer read the Covenant?**
4. ____ **Do you have a water jug and first aid kit for each vehicle?**
5. ____ **Do you know how to get to your place of lodging? (O.C. Provided)**
6. ____ **Have you prepared your volunteers to be flexible to change in work assignments, realizing that not all work is fun?**
7. ____ **Are you preparing your volunteers to broaden their expectations for the trip? Are they prepared to be the hands and feet of Christ?**
8. ____ **Who is your construction supervisor? Have you planned how the volunteers will be divided ? i.e. Paring a skilled person with an unskilled and who would be best for the home owner to work with?**
9. ____ **Have you asked a member of your team to be the photographer and another to be the journalist?**
10. ____ **Do any of your volunteers have food allergies or special food requirements?**

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Volunteer Registration Form

Please submit this form at least three weeks prior to arrival.

Organization's Name: _____

Date of Arrival _____ Time of Day _____

Date of Departure _____ Time of Day _____

Volunteer's Name: _____
(First) (Middle/maiden) (Last)

Volunteer's Street Address _____

City: _____ State: _____ Zip Code: _____

Home No. (____) _____ Mobile No. (____) _____

Work No. (____) _____ Email Address _____

DOB: ____/____/____

Medical Information

Emergency Contacts

Contact Name #1: _____

Home No. (____) _____ Mobile No. (____) _____

Work No. (____) _____

Contact Name #2: _____

Home No. (____) _____ Mobile No. (____) _____

Work No. (____) _____

Physician Name: _____

Telephone # (____) _____

Medical Conditions

List any medical conditions (asthma, diabetes, cardiac, epilepsy, etc.)

List any allergies (allergic reactions to food, medications, etc.)

List any medications you are currently taking.

Date of your most recent Tetanus shot: _____

Other pertinent medical information: _____

Medical Insurance (Please provide a copy of your insurance card – both sides!)

Company _____ Group No. _____

Policy No. _____ Co. Telephone No. (____) _____

Special Dietary Instructions

Please explain any special dietary needs to medical problems? (I.e. diabetic)

Are you a vegetarian? _____ Yes _____ No *(We are only able to provide meatless meals. We are unable to satisfy the requirements for vegans, etc. We can provide storage space upon request.)*

Skills and Abilities

Please give a brief description of any skills.

Release and Indemnity Agreement

I do hereby represent and acknowledge I am entering a venue with others as a volunteer. I am paying my own expenses including insurance. I understand that I am required to have primary health care insurance in case of accidents, injury, or illness. I further understand that personal liability is my responsibility. I acknowledge that the work may at times be hazardous and somewhat arduous and will be performed by fellow volunteers.

I recognize and acknowledge potential accidents: at the disaster site(s); involving motor vehicles; in or about the living, sleeping, and eating areas; during activities of the disaster relief team. I am fully aware of possible injuries to members of the disaster relief team, including myself.

I understand and acknowledge that in the event of an emergency it is the responsibility of my team leader to consent to and obtain necessary medical treatment on my behalf if I am unable to act and that Operation Communitas, The Annunciation Mission and the Church of the Annunciation is not responsible for obtaining or consenting to any medical treatment on my behalf. I further hold harmless Operation Communitas, The Annunciation Mission, the Church of the Annunciation, and any person, firm, or corporation with and through whom I am working, from any liability for acting or failing to act in obtaining or consenting to any such medical treatment

For and on behalf of myself, my heirs, administrators, executors, assigns, and all other persons, firms, or corporations, I do hereby release and discharge from liability all other persons on the disaster relief team with me, those who notified, selected, and assigned me to the said team, Operation Communitas, The Episcopal Diocese of Louisiana, The Church of the Annunciation, The Annunciation Mission, the Broadmoor Improvement Association, the Broadmoor Development Corporation, and any other persons, firms, or corporations with and through whom I am working, their employers and representatives, successors or assigns, from any claims, actions, causes of actions which I, the undersigned, have or may hereafter, and on account of, or any way growing out of injuries or damages both to persons or property resulting or that may hereafter result from the voluntary venture.

This waiver, release, and indemnity agreement is fully understood by me and I enter the same willingly for the purpose herein above stated.

Witnessed, my hand on the _____ day of _____ in the year _____
In the County/Parish of _____ in the State of _____

VOLUNTEER SIGNATURE

VOLUNTEER PRINT NAME

WITNESS SIGNATURE

WITNESS SIGNATURE

WITNESS PRINT NAME

WITNESS PRINT NAME