

# Baptist Convention of Iowa Disaster Relief



## Volunteer Packet

*Thank you for your interest in becoming a Disaster Relief Volunteer and for requesting this volunteer packet. Please complete all the forms and return as soon as possible. There is one form - Reference Form - you are asked to give to your pastor and he will return it to us.*

*Return forms to:*

**Mike and Shari Carlson  
Baptist Convention of Iowa  
Disaster Relief State Directors  
1665 Mueller Ct  
Winterset, IA 50273**

1. Volunteer Agreement with State Disaster Relief Director
2. Personal Information Form
3. Personal Information Form/Release and Indemnity Agreement
4. SBC Release and Indemnity Agreement – Signature with Witness  
(Witness can be a spouse or friend over the age of 18)
5. Interests and Skills Survey
6. Background Check Authorization Form
7. Reference Form – Give to your pastor to complete and he'll return
8. What To Take On a Disaster Response

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**Mike and Shari Carlson, DR State Directors**

Email: [IowaDR@BCIowa.org](mailto:IowaDR@BCIowa.org)  
Fax: (515) 462-4534

Mike's Phone: (515) 321-1761  
Shari's Phone: (515) 360-2854

Name \_\_\_\_\_  
Last First

## Volunteer Agreement with State Disaster Relief Director

As a volunteer member of the **Baptist Convention of Iowa** disaster relief team, I agree that, as my availability and ability allow, I am expected to:

1. Complete a disaster relief skill checklist, and keep current my (1) address and phone number, (2) availability status, (3) skills and abilities.
2. Complete the required training and renew required training a minimum of every three years; take optional training which will increase my usefulness as a team member.
3. Take responsibility for my spiritual and mental preparation as a disaster relief volunteer, as well as my work skills needed at the disaster site.
4. Represent my Lord and Savior, church, fellow Christians and team as Christ would want, in my attitude, behavior, speech, dress and work.
5. Wear official disaster relief apparel and display the SBC Disaster Relief logo only as prescribed and only while engaging in a relief event.
6. Protect my health and safety and the health and safety of victims, co-workers and all other persons while en route to or from and while at the disaster site; inform on-site team leaders of any physical limitations to be considered in my work assignments.
7. Inform the state director of my availability for a disaster response.
8. Take initiative in order to improve my usefulness; increase my availability by making adjustments in my other responsibilities in order to serve as a disaster relief volunteer.
9. Pay my own expenses, arrange my own transportation and bring clothing, bedding and personal items I'll need at the disaster site.
10. Purchase accident and liability insurance and provide insurance and health information to appropriate persons at the disaster site.
11. Assist with unit preparation, training events and non-emergency use of the unit, as my availability and ability allow.
12. Sign a release and indemnity document, if requested.

Therefore I, \_\_\_\_\_, volunteer to do my best to help carry out the purposes of SBC Disaster Relief in the manner stated above. I also give my permission for a background check. I consent for my photo to be used for Disaster Relief training and promotion of this ministry.

Date \_\_\_\_\_ Signature \_\_\_\_\_

(NAMB Form)

# Personal Information Form

Volunteers are requested to provide one copy of the following information for the state disaster relief director's files and may be asked to complete another when responding to a disaster at the work location. *Use back of sheet if needed.*

Date:	
<b>Full Name (Legal)</b>	
For ID Badge: Preferred 1 <sup>st</sup> Name	
Address	
City	
State	
Zip Code	
Date of Birth	
Email	
Cell Phone	
Other Phone	
Marital Status	
Spouse's Name	

Emergency Contacts (please list two people)	
1. Name	
Relationship	
Cell Phone	
Address	
City	
State/Zip Code	

<b>2. Name</b>	
Relationship	
Cell Phone	
Address	
City	
State/Zip Code	

<b>Church</b>	
Are you a Member?	
Pastor's Name	

Church Address	
City	
State/Zip Code	

**I currently have health insurance: (check one)**    ☐ YES    ☐ NO

Health Insurance Co.
Date of Last Tetanus Shot

ID Number
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[illegible]

(NAMB Form)

# Southern Baptist Disaster Relief

## Personal Information Form/Release and Indemnity Agreement

<b>Name</b>		<b>Date</b>	
<b>Address</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<b>Cell Phone</b>		<b>Secondary Phone</b>	
<b>Church Name</b>		<b>City/State</b>	

### Emergency Notification:

<b>Name</b>		<b>Cell Phone</b>	
<b>Relationship</b>		<b>City and State</b>	

Are you allergic to any medication or other substances? If so, what?

List any medications you are currently taking and for what.

## Release and Indemnity Agreement

Having fully read the Release and Indemnity Agreement on the back of this form or accompanying this form, this waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein stated.

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

### PARENT/GUARDIAN of Volunteer (If volunteer is under 18 yrs.)

**Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

(NAMB Form)

## Southern Baptist Disaster Relief Release and Indemnity Agreement

I do hereby represent and acknowledge I am entering a missionary venture with others; as a volunteer I am paying my own expenses, including insurance,<sup>1</sup> for the purpose of helping in times of disaster for the glory of God and to demonstrate my faith in Christ; that the work may at times be hazardous and somewhat arduous and will be performed by concerned volunteers and qualified professionals trained in disaster relief work; that vehicles transporting these volunteers will be operated by licensed volunteers, who may or may not be professional drivers.

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

Therefore, I desire to protect, release, acquit, indemnify and hold harmless from any and all claims, injuries, damages, losses, expenses or attorney fees incurred by me, my heirs, administrators, executors or assigns.

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 or assigned me to said team, the **Baptist Convention of Iowa**, state Disaster Relief director or department, the Southern Baptist Convention, their employees and representatives, successors or assigns, from any claims, demands, damages, 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.

### Volunteer:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Parent/Guardian of Volunteer: If volunteer is less than 18 yrs.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

### Witness:

Witnessed, my hand on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

<sup>1</sup>Each Volunteer is expected to have insurance in case of accident, injury or illness. **NO** insurance coverage is provided volunteers by the **Baptist Convention of Iowa**. Personal liability is the responsibility of the volunteer.

# Baptist Convention Disaster Relief Interests and Skills Survey

Name \_\_\_\_\_

Date \_\_\_\_\_

Would you be interested in assisting with a disaster relief response:

☐ Within this city or community    ☐ Within USA only

☐ Within this state    ☐ Outside USA

Are you retired?

☐ Yes    ☐ No

How much notification would you need to respond? \_\_\_\_\_

## Interests

What types of disaster ministries interest you?

Interest    Experience

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Chainsaw Unit               |
| <input type="checkbox"/> | <input type="checkbox"/> Chaplaincy/Counseling       |
| <input type="checkbox"/> | <input type="checkbox"/> Child Care Unit             |
| <input type="checkbox"/> | <input type="checkbox"/> Communications Unit         |
| <input type="checkbox"/> | <input type="checkbox"/> Ham Radio Operator          |
| <input type="checkbox"/> | <input type="checkbox"/> Feeding Unit                |
| <input type="checkbox"/> | <input type="checkbox"/> Food Inventory              |
| <input type="checkbox"/> | <input type="checkbox"/> Food Preparation/Serving    |
| <input type="checkbox"/> | <input type="checkbox"/> Laundry Unit                |
| <input type="checkbox"/> | <input type="checkbox"/> Mudout/Cleanup Unit         |
| <input type="checkbox"/> | <input type="checkbox"/> Building Cleanup            |
| <input type="checkbox"/> | <input type="checkbox"/> Building Repair             |
| <input type="checkbox"/> | <input type="checkbox"/> Damage Assessment           |
| <input type="checkbox"/> | <input type="checkbox"/> Prayer Support Unit         |
| <input type="checkbox"/> | <input type="checkbox"/> Shower Unit                 |
| <input type="checkbox"/> | <input type="checkbox"/> Water Purification Unit     |
| <input type="checkbox"/> | <input type="checkbox"/> Clerical                    |
| <input type="checkbox"/> | <input type="checkbox"/> Electrician                 |
| <input type="checkbox"/> | <input type="checkbox"/> First Aid                   |
| <input type="checkbox"/> | <input type="checkbox"/> Forklift Operator-Certified |
| <input type="checkbox"/> | <input type="checkbox"/> Tractor Trailer Driver      |
| <input type="checkbox"/> | <input type="checkbox"/> Van Driver                  |

## Training

Have you previously had Disaster Relief Training?

☐ Yes    ☐ No

What disaster relief training have you completed within the last three years?

- ☐ Involving Southern Baptists in Disaster Relief
- ☐ American Red Cross (ARC) Introduction to Disasters
- ☐ ARC Mass Care
- ☐ ARC Standard First Aid
- ☐ ARC Advanced First Aid/CPR
- ☐ Hands-on training on state unit:
- ☐ Chainsaw Unit
- ☐ Childcare Unit
- ☐ Chaplaincy Unit
- ☐ Crisis Counseling
- ☐ Feeding Unit
- ☐ Mudout Unit
- ☐ Water Purification
- ☐ Other Training:
- ☐
- ☐
- ☐ List education, skills, or experience you have in any ministry areas checked:



## CONFIDENTIAL

# Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (State) (Zip)

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_  
(State)

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Baptist Convention of Iowa** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Baptist Convention of Iowa** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**Baptist Convention of Iowa** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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

### Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

☐ I wish to receive a copy of any Background Check Report on me that is requested.



**Disaster Relief**  
**PASTOR'S REFERENCE FORM**

*Please give to your pastor and ask him to complete and return to address below. If YOU are the pastor, give to your Director of Missions or Chairman of Deacons or other leader to complete and return.*

Volunteer (name), \_\_\_\_\_ has applied for service in Disaster Relief. We consider it important to have your appraisal of this applicant's ability, conduct, personality and character. Your cooperation in answering these questions will be greatly appreciated.

***YOUR REPLY WILL BE CONFIDENTIAL.***

What is your relationship to the applicant \_\_\_\_\_

Give any information you can concerning home conditions and family background which bears on the applicant's suitability for this service. \_\_\_\_\_

Is there anything in the applicant's background which would hinder cooperation with our Convention's Baptist program? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

Does applicant have any objectionable habits? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

Does applicant have self - motivation, personal ambition, and steady energy of purpose to be a good staffer? \_\_\_\_\_

Is applicant active and useful in church and/or among the young people of the community? \_\_\_\_\_

What places of leadership has applicant held? \_\_\_\_\_

Taking these and other factors in full consideration about the applicant, I (check one)

- \_\_\_\_\_ Wholeheartedly recommend  
\_\_\_\_\_ Recommend with reservations  
\_\_\_\_\_ Do not recommend

We appreciate additional facts or comments concerning the applicant.

(If additional space is necessary, please use back of this sheet.)

Signed \_\_\_\_\_ Position \_\_\_\_\_

Print \_\_\_\_\_ Church \_\_\_\_\_

Please return this form as quickly as possible to:

**Mike and Shari Carlson, Disaster Relief State Directors**  
**Baptist Convention of Iowa**  
**1665 Mueller Ct**  
**Winterset, Iowa 50273**

(NAMB Form)

## Disaster Relief What to Take

*This is your checklist to keep.*

### Devotional Materials:

- ☐ Bible and devotionals      ☐ *Spiritual Preparation for Disaster Relief*
- ☐ Hope in Crisis tracts      ☐ Witnessing tracts

### Identification:

- ☐ Disaster relief ID      ☐ Driver's license      ☐ Vehicle registration      ☐ Auto insurance
- ☐ Phone numbers      ☐ Family physician      ☐ Health insurance card

### Other:

- ☐ Money or traveler's checks (\$50-200)      ☐ Notebook and pencils or pens
- ☐ SBC disaster relief training manual

### Clothing (Seven Days Supply):

- ☐ Disaster relief caps & jackets      ☐ Disaster relief ID cards & clip-on
- ☐ Jeans or work pants      ☐ Shirts (warm and cool weather)
- ☐ Underwear      ☐ Socks
- ☐ Bandanas and handkerchief      ☐ Work gloves
- ☐ Coats and/or jackets (warm and cool)      ☐ Rain suit or poncho
- ☐ Laundry bag      ☐ Suitcase or duffel bag
- ☐ Sleep wear (Because of group living,      ☐ Work shoes  
select sleepwear for modesty as well  
as comfort).
- ☐ Sneakers      ☐ Waterproof footwear
- ☐      ☐ Hat or cap (waterproof and sunshade)

### Health, Safety, and Hygiene:

- ☐ Prescription medicine (List by name all your prescription medication)
- ☐ New prescription orders (if your physician approves and will write new prescriptions)
- ☐ Nonprescription drugs      ☐ Allergy kit: bees, etc      ☐ Sunblock (15+)
- ☐ Bar soap      ☐ Liquid antibacterial soap      ☐ Laundry detergent
- ☐ Deodorant      ☐ Feminine needs      ☐ Personal needs
- ☐ Towels      ☐ Wash cloths      ☐ Mouth wash
- ☐ Tooth brush      ☐ Tooth paste      ☐ Dental floss
- ☐ Shampoo and rinse      ☐ Comb and brush      ☐ Hair spray
- ☐ Chap stick      ☐ Shaving cream      ☐ Razor
- ☐ Diarrhea cure      ☐ Antacids      ☐ Laxative
- ☐ Insect spray      ☐ Skin lotion      ☐ Blister kit
- ☐ A&D ointment      ☐ Antifungal ointment/spray      ☐ Foot powder

### Food:

- ☐ Diet food      ☐ Snacks      ☐ Special Needs

### Supplies and Equipment:

- ☐ Flash light or lantern      ☐ Bedding (twin size air or foam mattress, cot, and covers)
- ☐ Watch or clock      ☐ Tent (optional, inquire first)
- ☐ Canteen or water bottle
- ☐ Special personal items you  
need for health, safety or comfort

(NAMB Form)