

# Application for Presbytery WNC Mission Team October 2-8, 2022

## WHAT YOU NEED TO DO TO SUBMIT YOUR REGISTRATION:

- Please fill out the Information Sheet below for the use of our Team Leaders
- The Skills Assessment on page 2 will determine the work projects that we will work on.
- Western North Carolina Conference of The United Methodist Church application forms (labeled 3 – 6 at bottom of page) are on the following pages. This is the organization we will work with.
- Cost is \$25 for the entire week. If you want to spend 1 or 2 nights, cost is \$10/night. If you attend for the day, there is no cost but bring your own lunch and you are welcome to make a donation for the recovery effort.
- Deadline to receive forms is **Monday, Sept 19** to Presbytery.
- Mail all forms (6 pages) to: Presbytery of Western NC, 114 Silver Creek Road, Morganton, NC 28655 along with a check made out to “*Presbytery of WNC*” Forms may be emailed to [lpresley@presbyterywnc.org](mailto:lpresley@presbyterywnc.org) and payment may be accepted through your online banking or mailed. Make a note in the email how payment will be received.
- Presbytery will forward all applications to the on-site managers for the trip, and the Presbytery will make one check payment to the host church prior to our arrival.

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

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ T-shirt size \_\_\_\_\_

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

Home church: \_\_\_\_\_

Best phone number to contact you prior to the trip: \_\_\_\_\_

Best phone number to contact you while on the trip: \_\_\_\_\_

Emergency Name & Number \_\_\_\_\_

Food Allergies \_\_\_\_\_

I am diabetic: Yes \_\_\_\_\_ No \_\_\_\_\_

For the safety of the participants, are you fully vaccinated for COVID? Yes \_\_\_\_\_ No \_\_\_\_\_ (Vaccinations are required prior to attending, based on the definition of fully vaccinated at the time of departure. In an attempt to prevent the spread of COVID-19, or any other flu-like illnesses, the sponsoring organization requests that anyone with a fever greater than 99.1, cough, runny nose, sore throat, or trouble breathing, not participate. If you are sick and cannot attend, you may request a full refund.)

Any other health issues/medications our team leaders should know about?

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Are you planning to attend:

- all week \_\_\_\_\_ Do you plan to spend Fri night? Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure \_\_\_\_\_
- spend 1 or 2 nights? \_\_\_\_\_ if so, which night(s)? \_\_\_\_\_
- come up for the day? \_\_\_\_\_ if so, which day(s)? \_\_\_\_\_  
(Please note, Wednesday work day is only ½ day in the morning.)

## Skills Assessment

Are you willing to help:

prepare a meal? Yes \_\_\_\_\_ No \_\_\_\_\_

clean up after a meal? Yes \_\_\_\_\_ No \_\_\_\_\_

lead an evening devotion? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to lead a work team? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please assess your own skills according to the following levels:**

Activity	1 Haven't Done but Willing to Try	2 Have done but need guidance	3 Can do well independently	4 Can do well & guide others	5 Working or retired from the trade
Tear out/Clean up					
Framing Carpentry					
Electrical					
Plumbing					
HVAC					
Insulation					
Drywall Hanging					
Drywall Finishing					
Siding					
Window installation					
Finish Carpentry					
Door installation					
Installing Cabinets or Tops					
Installing Flooring: vinyl, etc.					
Tile: ceramic, etc.					
Priming/Painting					
Roofing					
Debris removal					
Heavy Lifting					
Foundation					
Tear out dry wall, floors					
Mason, Brick, plasters					
Landscaping					
Pastoring					
Cooking					
First Aid, CPR skills					

Your Name \_\_\_\_\_

Western North Carolina Conference of The United Methodist Church

13924 Professional Center Dr, Ste 200, Huntersville, NC 28078

980-354-4157 – [disasterministries@wnccumc.net](mailto:disasterministries@wnccumc.net)

Bree Williams – Volunteer Coordinator: 828-476-6009 or [DRVolunteers@wnccumc.net](mailto:DRVolunteers@wnccumc.net)

## 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 - Western North Carolina Conference Disaster Ministries. I freely acknowledge that:

1. I, the volunteer undersigned below, with the consent and agreement of my Guardian, undersigned below, have chosen to travel and perform clean-up/construction work to repair or replace homes.
2. 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 work.
3. 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.
4. I understand that my supervising organization may arrange accommodations, and that I will adhere to the rules and regulations in effect for the accommodations at that time. However they are not responsible or liable for my personal effects and property nor do they offer such security. I hold them harmless in the event of theft or for loss resulting from any source or cause.
5. By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold The United Methodist Church - Western North Carolina Conference, 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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Print Volunteer Name:

Volunteer Signature:

Date:

DOB:

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Street Address:

City:

State:

ZIP:

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Emergency Contact:

Phone

Canton

Center Name

Arrival Date

Departure Date

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Parent/Guardian:

(\*Required for Youth Volunteers Only)

Phone

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Team Leader / Witness Signature:

Phone

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**MEDICAL INFORMATION (TEAM LEADER RETAIN THIS FORM ON JOBSITE FOR EMERGENCY)**

Always bring your insurance card with you, or a copy of both sides of your card.

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

I am diabetic:  Y  N

I have a history of seizures:  Y  N

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_ I consider myself healthy enough to fulfill my responsibilities on the mission team. Yes  No

Any Physical Limitations, concerns, or other helpful health information?

I, the volunteer undersigned below, and/or my Guardian, undersigned below, authorize the Team Leader, undersigned below, to secure for me, in the event of a medical or dental emergency which, in the opinion of the attending physician, may endanger my life, cause disfigurement, physical impairment or undue discomfort if delayed, any necessary examination, anesthetic, surgery, treatment and/or hospital care rendered under the general supervision and on the advice of any physician licensed to practice medicine by the state in which the physician practices.

Print Volunteer Name:

Volunteer Signature:

Date:

DOB:

Street Address:

City:

State:

ZIP:

Emergency Contact:

Phone

Canton

Center Name

Arrival Date

Departure Date

Parent/Guardian:

(\*Required for Youth Volunteers Only)

Phone

Team Leader / Witness Signature:

Phone

\*\*\*\*\* Parent or Guardian's Authorization Signature MUST BE NOTARIZED here \*\*\*\*\*

On this

day of

Year

Before me personally appeared the Legal Guardian of the Youth Volunteer herein named above and executed this instrument, and who acknowledged the free act and deed thereof.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My commission expires

\_\_\_\_\_  
State of

\_\_\_\_\_  
County of

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EXTENDED SERVICE ROSTER (FOR FREQUENT ADULT SERVICE VOLUNTEERS)

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## **11 CONFIDENTIALITY AGREEMENT**

As a volunteer or employee of the Western North Carolina Conference, Southeastern Jurisdiction, of the United Methodist Church, Inc. (WNCCUMC) and this Disaster Recovery Center, 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 only in the conduct of official internal business of the office of WNCCUMC and this Disaster Recovery Center 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 the management of the WNCCUMC and this Disaster Recovery Center. 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 WNCCUMC and this Disaster Recovery Center.

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Signature

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Date

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Print Name

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## 12 MEDIA RELEASE

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I, \_\_\_\_\_ hereby grant and authorize The Western North Carolina Conference of The United Methodist Church the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all video and pictures taken of me to be used in and/or for any lawful purpose.

This authorization extends to all languages, media, formats and markets now known or later discovered.

This authorization shall continue indefinitely, unless I otherwise revoke this authorization in writing.

I waive the right to inspect or approve any finished product in which my likeness appears.

I agree that I have been compensated for this use of my likeness or have otherwise agreed to this release without being compensated. I waive any right to royalties or other compensation arising or related to the use of the video.

I understand and agree that these materials shall become the property of The Western North Carolina Conference of The United Methodist Church and will not be returned.

I hereby hold harmless and release The Western North Carolina Conference of The United Methodist Church from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf.

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Signature

Date

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Print Name

**CANTON PRESBYTERIAN CHURCH**  
**Accident Waiver and Release of Liability Form, updated 2022**

The staff, session, and participants in the mission of Canton Presbyterian Church give thanks to God that our building and property can be of use to the community. We pray that anyone who uses our building will encounter the love of Jesus Christ our Lord.

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I HEREBY ASSUME ALL OF THE RISKS PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH MY PRESENCE AT CANTON PRESBYTERIAN CHURCH'S PROPERTY (734 Main Street, Canton NC 28716), including by way of examples and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, from infection by COVID-19, or because of their possible liability without fault.

I certify that I have communicated fully and clearly with the organizers of this program any personal needs, healthcare or otherwise, for situations that may arise during my stay.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the leaders of this event, and that the Form will govern my action and responsibilities during this time.

In consideration of my presence at the church property, I agree as follows:

- A. I WAIVE, RELEASE, AND DISCHARGE from any and all liability, included but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, illness, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the church property,  
THE FOLLOWING ENTITIES OR PERSONS: Rev. Esta Jarrett (pastor of Canton Presbyterian Church), any church members or participants in ministry, the church's session and staff, the church's insurance carriers, and the Presbytery of Western North Carolina;
- B. I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this document from any and all liabilities or claims made as a result of participation in activities at the church property, whether caused by the negligence of release or otherwise.

I acknowledge that Canton Presbyterian Church and its staff, Session, members, and ministry participants are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I understand that a representative of the church may ask to photograph me and my group during our stay, and may use such photos in print and email communications within the congregation, but that the church will not put such photos online without permission.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

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Participant's Name (Please print legibly)

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Participant's Signature

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Participant's Phone Number

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Participant's Email

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Date