

**Registration Form**

**REBUILDING, RESTORING, RENEWING... TEXAS**

*“Serve one another in love.” GALATIANS 5:13 (NLT)*

**Texas**

The week’s highlights include:

- Participate in hands-on efforts to rebuild homes, communities and lives
- Opportunities to encourage and support those in need
- Opportunities to work side by side with other American Baptists

Support this effort by:

- Sending a volunteer or team of volunteers from your church to participate
- Making a financial contribution to support Rebuilding, Restoring, Renewing...Texas
- Praying for the participants and that the area would be fully restored

*For more information on how to be involved in this important and exciting work, please contact:*

Kim Wilkins at 610-768-2413 or kwilkins@abhms.org | American Baptist Home Mission Societies, 1075 First Ave., King of Prussia, PA 19406

**ARRIVAL DATE:** \_\_\_\_\_ **DEPARTURE DATE:** \_\_\_\_\_

Name \_\_\_\_\_

Local Church \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Office Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I will be participating in the events held:  All Week  Sun  Mon  Tues  Wed  Thurs  Fri

I am coming as:  An individual  Part of a group (group name) \_\_\_\_\_

Age Group:  Youth 12-18  Young Adult 19-22  Adult 23-64  Senior Over 65

Sex:  Male  Female T-shirt Size \_\_\_\_\_

Vegetarian:  Yes  No Food Allergies \_\_\_\_\_

**Registration Fee: \$150; includes housing and food** (scholarships are available)

**Please return this form with your registration fee by ONE MONTH BEFORE ARRIVAL to:**

American Baptist Home Mission Societies, 1075 First Ave., King of Prussia, PA 19406  
 Fax 610-768-2470 | Phone 610-768-2413 For credit card payments, please call 610-768-2413



**Medical  
Information and  
Release Form**

**REBUILDING,  
RESTORING,  
RENEWING... TEXAS**  
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**MEDICAL COVERAGE:** I understand and acknowledge that no medical or other insurance or health care benefits will be provided to me by American Baptist Home Mission Societies or American Baptist Churches of the South, during my participation in Rebuilding, Restoring, Renewing...Texas, and I certify that I have sufficient health, accident and liability insurance or other benefits to cover any bodily injury or property damage I may incur while participation in Rebuilding, Restoring, Renewing... Texas, and to cover bodily injury or property damage caused to a third party as a result of my participation in Rebuilding, Restoring, Renewing...Texas, as follows:

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_

**MEDICAL RELEASE:** I hereby state that I am in good health and have all medications necessary to treat any allergic or chronic conditions, and I am able to administer such medications without assistance. If at any time during my participation in Rebuilding, Restoring, Renewing...Texas I need emergency medical care and am not able to give consent because of my physical or mental condition, I authorize American Baptist Home Mission Societies or American Baptist Churches of the South, to make emergency medical care decisions on my behalf, and I specifically release the American Baptist Home Mission Societies or American Baptist Churches of the South in making those emergency medical care decisions, from any and all liability associated with said decisions, even if injury or death is the result of American Baptist Home Mission Societies or American Baptist Churches of the South alleged negligence.

Person to be notified in case of injury:

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**ALL PARTICIPANTS MUST SIGN:**

My signature below indicates that I have read this entire document, understand it completely, and agree to be bound by its terms.

Signature of Participant \_\_\_\_\_ Date Executed \_\_\_\_\_

**SIGNATURE OF PARENT/LEGAL GUARDIAN IS ALSO REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE:**

Signature of Parent/Legal Guardian \_\_\_\_\_ Date Executed \_\_\_\_\_  
*(if applicable)*

**SIGNATURES MUST BE WITNESSED:**

Signature of Witness \_\_\_\_\_ Date Executed \_\_\_\_\_



**Participant  
Liability and  
Medical Release  
Form**

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**Please read before signing as this constitutes the agreement and the understanding of your working relationship as a volunteer.**

- I, \_\_\_\_\_ acknowledge and state the following:
- I have chosen to travel to perform clean-up/construction work designed to repair disaster damage.
- 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 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 and related medical costs and expenses which I may sustain while involved in this project.
- In the event that my supervising disaster organization arranges accommodations, I understand that they are neither responsible nor 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 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 harmless American Baptist Home Mission Societies or American Baptist Churches of the South, together with its officers, agents, servants and employees, 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 \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departure Date \_\_\_\_\_

Team Leader \_\_\_\_\_



American Baptist Home Mission Societies  
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**Photo, Audio  
and Video  
Release Form**

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I \_\_\_\_\_ hereby give permission for audio and visual images of me and/or my child under age 18, captured during regular, American Baptist Home Mission Societies or American Baptist Churches of the South, activities through, audio, photo and/or video recording means, to be used solely for the promotional material, multimedia and publication purposes of American Baptist Home Mission Societies or American Baptist Churches of the South, and waive any rights of compensation or ownership thereto.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**Skills  
Assessment  
Form**

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Name \_\_\_\_\_

To use your time and talents to the greatest benefit while you are volunteering, please indicate your current skills and experience, as well as the level of those skills by using the following:

**Skill Levels**

- 0 = I am unable to do, or am not interested.
- 1 = I don't know how, but am willing to learn or try.
- 2 = I have done it before, but still need help to complete.
- 3 = I can do a good job by myself.
- 4 = I can do a good job, and can guide or teach others.
- 5 = I am a licensed contractor.

**Skills**

Indicate level, using appropriate numbers identified above.

- |                           |   |
|---------------------------|---|
| _____ Carpenter           | _____ Hospitality   |
| _____ Clean-up worker     | _____ Insulation  |
| _____ Clerical            | _____ Landscaping   |
| _____ Computer Skills     | _____ Mason   |
| _____ Contractor          | _____ Painting  |
| _____ Drywall Hanger      | _____ Plumbing  |
| _____ Drywall Finisher    | _____ Roofing   |
| _____ Electrician         | _____ Siding  |
| _____ Flooring – Carpet   | _____ First Aid Trained   |
| _____ Flooring – Underlay | _____ CPR Trained   |
| _____ Flooring – Vinyl    |   |
| _____ Framing             | Are you a nurse? <input type="checkbox"/> Yes <input type="checkbox"/> No     |
|                           | Are you a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Other Skills or Comments \_\_\_\_\_

# FAQs

# REBUILDING, RESTORING, RENEWING... TEXAS

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## 1. How do I participate in Rebuilding, Restoring, Renewing...Texas?

- Assign a group leader to be responsible for making and confirming reservations. If you are not coming in a group, you are still very welcome to participate.
- Download registration packet at [www.abhms.org/ministries/healing-communities/volunteer-ministries/](http://www.abhms.org/ministries/healing-communities/volunteer-ministries/) and return application and release forms with the registration fee.
- Once the forms are received, you will receive a confirmation letter/e-mail and a volunteer information packet. The volunteer information packet will include detailed information on housing, the agenda, what to expect and what to bring.

## 2. What is the time commitment?

Volunteers are asked to arrive on Sunday, work Monday-Friday, and travel home on Saturday. If your schedule only permits you to come for part of the week, you are definitely welcome to join us.

## 3. Are there any age requirements?

NO! Youth groups must include an appropriate ratio of 1 adult advisor for every 4 youth of each gender.

## 4. Do I need to be a member of a church?

No. All are welcome to participate.

## 5. How can I help even if I can't go to Texas?

- Sponsor someone else that desires to attend.
- Host a fundraiser to support volunteers and other costs.
- Help recruit volunteers.
- Offer prayers for the region and the volunteers.

## 6. What type of work will I be doing?

A variety of home repair activities like painting, laying floor, sheet rock, plumbing and landscaping. We ask that you come with willing hands and hearts.

## 7. What do I need to bring with me?

- Work clothes that can get dirty and are suitable for hot, sunny, humid days
- A change of clothes for the end of the work day
- Closed-toed shoes that are suitable for construction work
- Sunscreen and a hat
- Water bottle
- Hand Sanitizer
- Plastic or cotton work gloves

- Personal hygiene items
- Sleeping bag or linens and pillow for twin size bed
- Small lock for valuables
- Small personal flashlight

## 8. Do I have to bring my own tools?

No, the local organization has all of the tools that are needed. Volunteers are encouraged to bring their own eye protection and work gloves; however safety equipment will be provided for those who do not have any. Volunteers are notified if they need to bring any particular tools.

## 9. Do I need to have construction skills?

No. Unskilled volunteers, male or female, with a willingness to learn are invited to work alongside those who are skilled.

## 10. Is there any other kind of help needed besides construction?

Yes. People are needed to run errands and other tasks to help the work week run smoothly.

## 11. Is there any special training?

Volunteers are not required to receive special training. The local disaster organization trains volunteers to serve in various areas of construction.

## 12. If I'm flying to Texas, which airport should I use?

George Bush Intercontinental Airport (IAH) or William P. Hobby Airport (HOU) are both viable options depending on location of housing and work sites.

## 13. Do I need my own transportation?

It is recommended that volunteers provide their own transportation to and from worksites. If needed, assistance will be provided regarding finding suitable transportation to and from worksites.

## 14. What can I expect for housing accommodations?

Housing will be dorm style at a variety of locations.

## 15. What can I expect for food accommodations?

All meals will be provided. We will do our best to accommodate the needs of vegetarians and those with food allergies.



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