

Rebuilding, Restoring, Renewing

Puerto Rico

Ongoing Volunteer Service

Registration Packet

Regional Mission Trip

March 15-23, 2019

Cost: \$800 per person

*includes roundtrip airfare from Boston Logan International Airport
and meals, housing, transportation, and building supplies in Puerto Rico*

To reserve a place on our 40-member regional mission team, please complete and submit all forms in this registration packet, along with a nonrefundable \$200 deposit, by November 30, 2018. Payment of the remaining \$600 will be due by February 1, 2019.

Please send all forms and payments to:

Rev. Kathryn Palen
American Baptist Churches of Rhode Island
54 Exeter Road
Exeter, RI 02822
Fax: (401) 294-7780

Please make checks payable to *ABCORI*.

If you wish to pay via credit card, please call Kathryn at (401) 522-9731.

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Registration Form

Name (as appears on passport/official ID) _____

Name you wish to be called _____

Local Church _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____

Emergency Contact _____ Phone _____

Age Group 12-18 19-22 23-64 65 & over

Gender Male Female T-shirt Size _____

Vegetarian Yes No Food Allergies _____

Registration Payments

Nonrefundable deposit of \$200 due by November 30, 2018

Remaining payment of \$600 due by February 1, 2019

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Participants Liability & Medical Release Form

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 Iglesias Bautistas de Puerto Rico or American Baptist Churches of Rhode Island, 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: March 15, 2019

Departure Date: March 23, 2019

Team Leader: Kathryn Palen

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Medical Information & Release Form

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 Iglesias Bautistas de Puerto Rico or American Baptist Churches of Rhode Island during my participation in Rebuilding, Restoring, Renewing Puerto Rico, 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 participating in Rebuilding, Restoring, Renewing Puerto Rico and to cover bodily injury or property damage caused to a third party as a result of my participation in Rebuilding, Restoring, Renewing Puerto Rico, as follows:

Insurance 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 Puerto Rico 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 Iglesias Bautistas de Puerto Rico or American Baptist Churches of Rhode Island to make emergency medical-care decisions on my behalf, and I specifically release American Baptist Home Mission Societies or Iglesias Bautistas de Puerto Rico or American Baptist Churches in Rhode Island 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 Iglesias Bautistas de Puerto Rico or American Baptist Churches of Rhode Island alleged negligence.

Person to be notified in case of injury:

Name _____ Phone _____

PARTICIPANT 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 ALSO IS REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE:

Signature of Parent/Legal Guardian _____ Date Executed _____
(if applicable)

SIGNATURE(S) MUST BE WITNESSED:

Signature of Witness _____ Date Executed _____

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Photo, Audio & Video Release Form

I, _____,
hereby give permission for audio and visual images of me and/or my child under age 18, captured during American Baptist Home Mission Societies or Iglesias Bautistas de Puerto Rico or American Baptist Churches of Rhode Island 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, Iglesias Bautistas de Puerto Rico and/or American Baptist Churches of Rhode Island, and waive any rights of compensation or ownership thereto.

Volunteer Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

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Skills Assessment Form

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

Other Skills or Comments _____