



Phone: 1-888-248-2636

9301 Chef Menteur Hwy, New Orleans, LA 70127

Fax: 504-242-5885

(Please print clearly)

**VOLUNTEER INTAKE FORM**

(Required for all volunteers)

Church/Organization/City/State: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City& State: \_\_\_\_\_, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

Arrival Date & Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am/pm Departure Date & Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ am/pm

Male  Female  Youth 14 to 18 years old  Youth under 13 years old

I have previous mission trip/alternative break experience (where/when) \_\_\_\_\_

**Photo/Audio/Video Release**

I, the undersigned, hereby give permission for audio and visual images of me and/or my child under age 18, captured during regular Camp Restore activities through audio, photo and/or video recording means, to be used solely for the promotional material, multimedia and publication purposes of Camp Restore and RAI Ministries.

**Volunteer Initials:** \_\_\_\_\_ **Parent/Guardian Initials (for those under 18):** \_\_\_\_\_

**Participant Liability Release**

I, the undersigned, acknowledge and state the following: I have chosen to perform community and/or construction projects in the New Orleans area as a volunteer.

I understand that this work entails a risk of physical injury and may involve hard physical labor, heavy lifting and other strenuous activity, work around mold, and that some activities may take place on ladders and building framing other than ground level. I will only work within my physical capabilities. 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 assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

I understand that Camp Restore is not my employer, and that my volunteer work is not employment. I understand that I do not qualify for Worker's Compensation insurance if I am injured while volunteering.

I understand that Camp Restore will not be held responsible or liable for my personal effects and property, including property kept in lockers. I will hold them harmless in the event of theft, or for loss resulting from any source or cause. I further understand that I am to abide by camp policies and instructions in effect for my accommodations during the trip. I understand that failure to abide by Camp Restore's rules or orders given by Camp Restore employees may result in the termination of my volunteer work and that I will be asked to leave Camp.

I understand the need for confidentiality and will not discuss, photograph or otherwise disclose identifying information about families at construction sites or individuals associated with community project sites without the express permission of said individuals. This includes any reference to names, addresses, or other identifiable information.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold Camp Restore, its parent RAI Ministries and all affiliated churches, facilities and organizations, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

# Medical Information and Authorization

## Medical insurance is required

I \_\_\_\_\_, authorize \_\_\_\_\_  
(participant) (another adult on the mission)

if I am unable to do so, to consent to any necessary examination, anesthetic, medial diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the mission trip identified above.

**Med. Ins. Provider** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

Information about **Allergies, Medication, and Particular Health Problems:** \_\_\_\_\_

I have a **history of reactions to heat** environments: **YES / NO** **Diabetic: YES / NO** I have a history of **seizures: YES / NO**

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of last **tetanus shot** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (**MUST** be within last ten years, **preferably five**)

**Name of Primary Care Doctor:** \_\_\_\_\_

**Phone number of Primary Care Doctor:** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

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### Parental Release (Required for all volunteers under 18)

I, (parent or legal guardian) \_\_\_\_\_, hereby give permission for my child to serve in volunteer projects coordinated by Camp Restore. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and /or surgery for my child named above.

I understand that I am responsible for his/her own medical insurance and will not hold Camp Restore, RAI Ministries any and all partner churches, facilities or organizations, together with their officers, agents, servants and employees, liable for any injury or damage to my child while engaged in disaster projects.

Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Physical limitations, Special needs that might affect your child's work: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_\_

## Skills/Interest Sheet

(Required for all volunteers, to be submitted by group leader 30 days prior to arrival with all other paperwork.)

Volunteer Name \_\_\_\_\_ Age \_\_\_\_\_

Occupation \_\_\_\_\_ (if retired, previous occupation)

### Construction Skills Assessment

Please indicate which of the following construction skills you have and wish to participate in using the following chart. Please be as accurate as possible

0=Uninterested or unable

1=Willing to learn

2=Some skills

3=Proficient

4=Very skilled, can teach others

5=Licensed Professional

\_\_\_\_\_ Contractor

\_\_\_\_\_ Carpentry Finish

\_\_\_\_\_ Drywall finishing

\_\_\_\_\_ Electrician/ plumber

\_\_\_\_\_ Flooring, wood/laminate

\_\_\_\_\_ Carpentry rough/framing

\_\_\_\_\_ Drywall Hanging

\_\_\_\_\_ Doors & Windows

\_\_\_\_\_ Painting, Texturing

\_\_\_\_\_ Flooring, ceramic tile

Professional license in what state \_\_\_\_\_

### Community Projects

An opportunity to work and witness with locals working to rebuild our community. Please place a check next to areas you're interested in.

\_\_\_\_\_ **Service** - Involves jobs that support the work of small missions throughout the New Orleans area. Volunteers have repaired playground equipment, stuffed backpacks for the needy, completed general maintenance tasks, and small facility improvement projects.

\_\_\_\_\_ **Human Care** - For Katrina survivors, telling their story to "fresh ears" can be a vital part of recovery. You could be those "fresh ears" for many New Orleanians by working, serving and witnessing at the following sites: Nursing homes • Child-care centers • Youth centers • Homeless shelters • Vacation Bible Schools

\_\_\_\_\_ **Environment** - All environmental sites involve working outside. The work may involve grass cutting, harvesting and planting grass along the bayous or marshes, and maintenance work in public parks & cemeteries.