

FBC RESPONSE TO TROPICAL STORM FRED

The havoc in nearby Haywood County around Canton created by Tropical Storm Fred is tremendous. Everyone in our FBC church family and our sphere of influence has a part in this response. FBC has a ministry working in cooperation with other Baptist churches in North Carolina under a volunteer driven organization known as North Carolina Baptists on Mission (NCBM). Personally, we each will need to decide how we can do our part for this and other disasters. We all can and should PRAY; others can and should GIVE (straight to NCBM or through FBC) and some can and should GO to help. Below are more details for those considering going to serve.

NCBM ACCEPTANCE

NCBM has accepted FBC to respond as a team to the disaster in and around Canton, NC. Thank you for considering to volunteer for this call as a display of Christ's love to the whole community and the victims in particular.

NCBM SITE HEADQUARTERS (AKA DROC)

Our DROC location will be Crestview Baptist Church at 3258 Pisgah Drive (Hwy 110) in Canton. The phone number to use is 828-734-0199 to contact DROC - do not go through the Crestview Church phone. This site is the location for recovery operations folks. FBC Canton at 74 Academy St in Canton will have some ministries operating there but Recovery (at least for now) will be at Crestview. Some Recovery sleeping quarters may be at FBC Canton..

TEAM LEADERSHIP

The primary leader of the team is Jesus Christ. As we go to represent Him and be His arms and legs to the people of Haywood County. The FBC physical leadership in the field will vary each week as a combined effort among several individuals. FBC Staff Leadership is Dave Marshall.

SAFETY AND HEALTH

We will need to be aware of each other on the job to help all be alert and safe in our work. It will get hot so take breaks and hydrate as needed. Watch out for each other. Sanitize yourself and practice social distancing. For those staying overnight, sleeping rooms will keep teams separate for another step in social distancing. There will be some masks requested. Bring and then wear your safety equipment on the job and encourage your team mates to do so.

SCOPE OF TASK

Our task there will be to serve as the arms and legs of Christ for the families upset by the results of the storm. We will do all we can in love for the individuals and families to find some degree of normalcy. Our team will travel in FBC vehicles, take FBC tools in our trailer (bring your own if desired) [NCBM has their tool trailer at DROC also], if needed you will stay in quarters supplied by local churches. Meals will be provided by NCBM volunteers. Showers and laundry mobile units operated by NCBM volunteers will be at the DROC. The tasks for the teams will be assigned to assist the families whose jobs have been assessed and accepted. At this early stage the work will be to clean out, pull out trash and debris, cut trees, shovel and haul mud out of houses, cut out wet drywall, carry ruined personal goods and materials from houses to street for pickup, etc. Nothing will be easy or clean but all is needed for the victims and the community. All of the tasks will provide you with opportunities to demonstrate and share Christ's love with the community. Wear rough clothes and heavy footwear -no open toes.

PERSONAL SANITY CHECKS

The community has been hit hard so be prepared. As you interact with the residents recognize that they are going through a lot. Have empathy with the victims and be sincere as you assist them. Pray with them and encourage them. If an individual seems to need additional personal attention contact a team member or when needed summon a trained Chaplain. Some of the team members may need to share with you too.

CONTACT WITH RESIDENTS/VICTIMS

As you see the damaged and maybe ruined items that need to come out of a house, recognize that the items may be the residents' life long and family treasure. Don't be too quick to toss it until the victim is ready to do so. Listen to the victims. Don't promise the resident to do anything that you cannot do when you are there. You may not even be in the same neighborhood the next day. If you promise an action and then fail to do it, the victim may be set back into depression. Smile all you can and be sympathetic without pulling yourself down. Be quick to share Christ with the residents and other volunteers. Do not use the trip as a tourist journey and limit picture taking - do discretely and with permission, if at all. Consider the feelings of the victims.

YELLOW SHIRTS & CLOTHING

If you have your yellow DR shirts wear them at all times for identification purposes. If you have a DR badge wear it also. FBC has some shirts and caps which might be available to loan while you are there. Please return them clean at your first chance so someone else can use them. In your clothing recognize that you are representing yourself, our church and most importantly Christ to those who see you -so dress appropriately. Wear closed toe shoes at a minimum in work situations.

TRANSPORTATION

For those who cannot stay a whole week at a time, we are operating a shuttle daily (Monday through Saturday) to and from FBC. It will leave FBC at 0630 then go to Canton arriving ~ 0730 ready to work. We will leave Canton ~1700 after the day's work and ministry and return home. The shuttle will depart and arrive from the FBC post office parking lot - where the FBC vehicles are kept. One can leave their vehicle there until you return. Anyone wanting to use this service must confirm with Dianne Miller (828-489-6086) at least the afternoon before so we know that we have sufficient seats for the shuttle. She will pass this on to the driver(s) each day. We will have vehicles leaving FBC Monday and returning Saturday afternoon for those who can stay longer. Let us try to avoid

personal vehicles since the community is stretched for roads now and parking is limited at DROC. The FBC truck will pull the trailer with tools to the DROC and then into the field. Personal vehicles may well be limited where they can go by local authorities for safety and security purposes. If you can drive a FBC vehicle, get the insurance clearance by signing a form available at the Welcome Center so you can be available when necessary to assist driving.

REQUIRED DOCUMENTATION

All going --even if for one day-- must complete a medical release form and a liability waiver form before you leave. Turn them in at check in. The NCBM personnel will keep the form during the duration of this incident. The blank forms are attached to this email. Fill out and return ASAP. The forms are also in the Welcome Center. If a youth (under 18) is considering going a different liability waiver form is needed with a parent/guardian signature. Youth between 16 and 18 who will be staying overnight must have a parent /guardian of the same sex (girl-mother or son-father) on the same trip staying. A youth may go for a day trip with the youth waiver form signed by a parent/guardian but a parent/guardian does not need to attend the work. Any youth younger than 16 may possibly go with parental attendance and will be handled on a case by case situation. NCBM has their procedures for the safety and protection of all involved which we will follow.

BACKGROUND CHECK

Also attached is a FBC procedure for getting a background check. All over 18 should have this at least started. If you do not have a current one (max 3 years old) from FBC or from NCBM, please start the process on line. All who are trained by NCBM and/or have been to Warsaw or Rose Hill with FBC DR have it. The check will probably not get finished before many go but will be more important and required later by NCBM. So please get the process started.

CHECK IN

Everyone who goes will need to check in (name, and medical and waiver forms turned in, plans for staying, etc.) when they arrive at the incident. Similarly they must check out when they leave the site. Day workers check in and out each day. FBC's own Jane and Clark Watson will be involved the check in/out admin work at Crestview Baptist DROC at least the first week. When you arrive as a day worker to check in also get in the queue for a sack lunch for the day and take it with you to the field,

STUFF

In a word you don't need much of your own "stuff". Pack lightly enough that you can carry it and keep up with it.

OVERNIGHT STAYING ON SITE

If you decide to stay overnight at the site, confirm that as you register ahead of time and get assigned a space when you check in to the site. Bring your own sleeping gear-sleeping bag or sheets/blanket and pillow. Air mattresses or cots are OK only if they are not larger than single size. All sleeping will be on the floor at Crestview or other local churches. If couples come for overnight, they will be separated. Youth must be with a parent of the same sex.

FLUIDS AND FOOD

Remember to drink plenty of water throughout the day(s). There will be water and Gator aid available. Meals are provided throughout (nothing on the shuttle) either served at DROC or paper bag lunches in the field. Meal time at Crestview are: breakfast at 7:00AM, lunch at noon and supper at 6:00PM. Cooking for the volunteers and for the community will be provided at Crestview by DR volunteers using the NCBM mobile Kitchen. The Red Cross and their volunteers will distribute food throughout the county prepared by NCBM.

SHOWERS & LAUNDRY

A NCBM mobile shower unit will be at DROC. Take your personal grooming items including towels, etc. Showers and bath rooms are not necessarily close so have a modesty cover for all concerned in going from your sleeping area to the shower. Some outreach into the community will be through the showers and laundry.

RECRUIT

Feel free to pass this information and opportunity to serve to friends and family. The needs in Haywood county will not soon or easily be met so we and other groups will need to supply volunteers to continue the recovery process and Lift Up Jesus and Love People.

NEXT MOVE-WHAT DO I DO NOW?

If you can go if only for a day or two now and/or more later, contact me with your name, cell phone number and email ASAP so we can keep in touch as details for you "mission work" are determined.

FLEXIBILITY NEEDED

Recognize that the site is new and overflowing with folks who need help. Needs are constantly changing so those serving Him to help them have our changes to make - BE FLEXIBLE AND KNOW THAT GOD IS IN CHARGE.

In His Service
John Roach
828-674-8868
8/25/21 1300



North Carolina Baptist Disaster Relief

PO Box 1107

Cary, NC 27512 - 1107

(800) 395-5102 Fax (919) 460-6329



NC Baptists On Mission - General Medical Information

Name : _____ (Last) (First) (Middle)	Birthday: _____ Age: _____ Sex: M F Marital Status: _____ Weight: _____ Height: _____
Address: _____ City: _____ State: _____ Zip: _____	Home Phone: (____) _____ Mobile: (____) _____ Email Address: _____
Emergency Contact Person: _____ Emergency Contact Phone: _____	Church: _____ Association: _____

MEDICAL STATEMENT (All information requested below must be filled out before participant can take part in the disaster relief program.)

a. General Health (circle): GOOD FAIR POOR

b. Limitations: _____

c. Do you have any of the following? If yes, please explain type and severity.

Medication Allergies	No	Yes _____
Food Allergies	No	Yes _____
Other Allergies	No	Yes _____
Asthma	No	Yes (Epinephrine or Hospitalization Required?) _____
Diabetes	No	Yes (Insulin Required?) _____

d. Do you have history of (circle):	Heart disease	Hypertension	Appendectomy	Epilepsy	Sleep Apnea
-------------------------------------	---------------	--------------	--------------	----------	-------------

e. Tetanus shot updated? (year) _____

f. Please list any medications in the table below.

Medication:	Reason:	Dosage (mg per day):
Medication:	Reason:	Dosage (mg per day):
Medication:	Reason:	Dosage (mg per day):
Medication:	Reason:	Dosage (mg per day):

g. Medical treatment received in the past year: _____

h. Have you been exposed to any contagious disease in the past six months? _____ If yes, what? _____

Physician's Name: _____	Address: _____		
Office Phone: (____) _____	City: _____	State: _____	Zip: _____

CONSENT - I hereby give permission for my son / daughter / self (if under 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.

Signature: _____ Date: _____

INSURANCE

Name of insured: _____ Policy number: _____	Name of insurance company: _____
Address of insured: _____	Address of insurance company: _____

You must bring this completed form and turn in at registration.



North Carolina Baptist Disaster Relief
 PO Box 1107
 Cary, NC 27512 - 1107
 (800) 395-5102 Fax (919) 460-6329



ADULT PARTICIPANT LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the NC Baptists on Mission.

As a volunteer with NC Baptists on Mission projects, I confirm that I am not going as a duly elected representative of my local Baptist church, Baptist Association, Baptist State Convention of NC or NC Baptists on Mission, nor as an employee of the Baptist State Convention of NC or NC Baptists on Mission.

Please print: I, _____ acknowledge and state the following: I have chosen to perform _____ resulting from _____.

I understand that this work is hazardous and entails risk of physical injury and often involves hard physical labor, heavy lifting, strenuous activity, long work hours, use of ladders, construction on roofs or other raised surfaces, screws, nails, broken glass, electrical hazards, falls, unloading supplies, accidents while traveling, cuts, bruises, burns, falling debris, falling trees/limbs, and other hazards foreseeable and unforeseeable that are associated with this type of activity. 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. I understand these dangers and 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. I assume all risk and responsibility for any damage or injury to my property or any personal injury that I may sustain while involved in this project, and related medical costs and expenses. I also understand that each individual will have the responsibility of providing his or her own health and accident insurance in the event of any illness or injury experienced during this volunteer mission.

In the event that the BoM/NCBM arranges accommodations, I understand that they are not responsible 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 for 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.

Parents are responsible for children that are minors and the church group leader is responsible for youth under age 18. This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein above stated. I understand that this form will remain in effect for this project and all future projects unless myself or a representative of the NC Baptists on Mission give notice.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold the local Baptist Church, my Baptist Association, Baptist State Convention of NC and/or the NC Baptists on Mission together with 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.

Signature: _____ Date: _____	Church: _____
Address: _____	Email: _____
City: _____ State: _____ Zip: _____	Cell Phone: (____) _____
Witness: _____	Emergency Contact Information
Date: _____	Name: _____
	Cell Phone: (____) _____



North Carolina Baptist Disaster Relief
 PO Box 1107
 Cary, NC 27512 - 1107
 (800) 395-5102 Fax (919) 460-6329



Youth Liability Release Form

TO BE SIGNED BY A PARENT OR LEGAL GUARDIAN OF ANYONE LESS THAN 18 YEARS OF AGE

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the NC Baptists on Mission.

As a volunteer with NC Baptist Disaster Relief projects, I _____ confirm that _____ (child's name) is my child, is less than 18 years old, and is not going as a duly elected representative of my local Baptist church, Baptist Association, Baptist State Convention of NC or NC Baptists on Mission, nor as an employee of the Baptist State Convention of NC or NC Baptists on Mission.

I understand that this work is hazardous and entails risk of physical injury and often involves hard physical labor, heavy lifting, strenuous activity, long work hours, use of ladders, construction on roofs or other raised surfaces, screws, nails, broken glass, electrical hazards, falls, unloading supplies, accidents while traveling, cuts, bruises, burns, falling debris, falling trees/limbs, and other hazards foreseeable and unforeseeable that are associated with this type of activity. 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 and my child. I understand these dangers and certify that my child is in good health and physically able to perform this work. I agree to be present with my child at all times. I agree that my child will not operate motorized equipment.

I understand that my child is engaging in this project at his/her own risk. I understand that this is a "grass roots" activity to support individuals adversely affected. I assume all risk and responsibility for any damage or injury to my property or any personal injury that my child may sustain while involved in this project, and related medical costs and expenses. I also understand that I have the responsibility of providing my child's health and accident insurance in the event of any illness experienced during this volunteer mission.

In the event that the NC Baptists on Mission arrange accommodations, I understand that they are not responsible for my child's personal effects and property and that they will not provide lockup or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source or cause. I further understand that my child is to abide by whatever rules and regulations may be in effect for the accommodations at that time.

This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein above stated. I understand that this form will remain in effect for this project and all future projects unless I, or a representative of the NC Baptists on Mission give notice.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold the local Baptist Church, my Baptist Association, Baptist State Convention of NC and/or the NC Baptists on Mission together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my child's participation in this project, and travel or lodging associated therewith.

PERMISSION TO TREAT AND PHOTO or VIDEO NOTICE

My permission is granted for the NCBOM STAFF, VOLUNTEER STAFF, CHURCH OFFICIAL, or ADULT present or in charge to obtain necessary medical attention in case of sickness or injury to my child. I also understand that as a participant, my child may be photographed or videotaped during normal mission trip activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors, volunteers, the Baptist State Convention of North Carolina and their employees and North Carolina Baptists on Mission from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while my child is on the mission trip.

Please complete and sign below (students under 18 years of age require parent or legal guardian signature)

Participants Name: (print/SIGN)	Date:
Parent/Guardian Name: (print/SIGN)	Date: