

STATEMENT OF AGREEMENT

Friend Ships Disaster Response Team Members

If I am accepted by Friend Ships as a Disaster Response Team Member (FSDR) I agree to comply with the following terms of the FSDR Statement of Agreement while I am actively serving as a team member.

Please place your initials next to each statement and sign at the bottom, acknowledging that you have read and agree to comply with all that is written.

1.) I understand that the average assignment takes place within high pressure work situations. I will be working, eating and sleeping in adverse conditions. There will be long and irregular hours, crowded noisy environments. The food service may be erratic with inappropriate food provided. There may be extreme heat or cold and dampness. Exposure to dust or other allergens is to be expected.

2.) I am available and able to serve on disaster relief missions for a minimum of 1 week depending on the needs of the disaster operation. I understand my assignment may be extended or curtailed at the discretion of the leadership of Friend Ships.

3.) I understand that my service with Friend Ships is at my own expense. I am responsible for providing my own transportation to and from the site of operations.

4.) I understand that the goal of Friend Ships disaster response work is to glorify God through service to those in need. I also understand that I will be working alongside Christians of varying backgrounds. I will put aside denominational differences for the duration of the mission and focus on the foundational truths of love, mercy and grace found through Christ. I will not promote my personal political, religious or social agendas.

5.) I understand that my skills will be taken into consideration, but because of the nature of our work and the needs of the mission I may be asked to serve in a different capacity.

6.) I will be respectful and follow the directions of my supervisor regardless of gender, age or race.

7.) I agree to remain at the designated site of the team and work within my assigned capacity within the team.

8.) I agree to obey the laws of the host country and to respect the traditions of the local culture.

9.) I agree not to engage in any negative or disruptive behavior or communication, including but not limited to, displays of anger or impatience. Contention amongst us would only seriously impede our mission.

10.) I agree to represent Christ and His love to those I serve, regardless of their actions or attitude.

11.) I am willing to comply with directives issued by Friend Ships. I will uphold and follow the policies of the organization.

12.) I agree not to consume any alcoholic beverages.

13.) I agree not to use any illegal drugs.

14.) I agree not to smoke or use other tobacco products.

15.) I agree not to be in an isolated area with the opposite sex. This includes, but is not limited to bedrooms.

16.) I understand that I will be notified of future disaster relief missions via e-mail.

I fully understand the mandatory requirements indicated above and certify that I am able to comply with them. If any of these statements are not initialed or later found to be disregarded, I understand that I will be asked to leave and I will be removed from the Friend Ships Disaster Response Team Roster.

Signature: _____

Date: _____

Friend Ships

1019 North First Avenue Lake Charles, LA 70601 U.S.A Tel: (337) 433-5022 Fax: (337) 433-3433 E-mail: personnel@friendships.org www.friendships.org

DISASTER RESPONSE VOLUNTEER APPLICATION

This application is ONLY for those applying for the Disaster Response Team. Please contact the Personnel department if you are unsure if this application is the correct one for you. Use blue or black ink and print neatly.

Personal Information		~ENCLOSE A RECENT PHOTO WITH APPLICATION~	
Name:		Daytime Telephone:	
Address:		Evening /Mobile phone:	
City:	State:	Zip:	E-mail:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yy):	T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL or <input type="checkbox"/> XXL	
Current Driving License? <input type="checkbox"/> Yes, or <input type="checkbox"/> No Endorsements:			Height _____' _____" Weight _____ lbs.
Group Information (If you are coming with a church or work group.)			
Group Name:		Leader Name:	
Immigration Information			
Passport Nationality:	Passport #:	Passport Expiration:	
Experience Background (Please use additional paper if needed.)			
Please Rate your experience or skill level in each of the following areas: (0 = No skill, to 10 = Expert)			
___ Construction, ___ Chain Saw, ___ Food Service, ___ Medical, ___ Children's Ministry, ___ Music			
___ Site Infrastructure Support (water, power, sanitation, & security)			
Please expound on above areas of experience and other areas not specified: _____			

Personal History (Please use additional paper if needed.)			
Please describe any previous short or long term volunteer work you have participated in: _____			

Why do you desire to be a volunteer with the Friend Ships Disaster Response Team: _____			

Have you ever been convicted of a felony? <input type="checkbox"/> Yes, or <input type="checkbox"/> No If Yes, When & details: _____			

Are you on probation? <input type="checkbox"/> Yes, or <input type="checkbox"/> No If Yes, Please give details: _____			

Emergency Information	
Name of First Contact: _____ Address: _____ City: _____ State: ___ Zip: _____	Relationship: _____ Daytime Telephone: _____ Mobile/Evening phone: _____ E-mail: _____
Name of Second Contact: _____ Address: _____ City: _____ State: ___ Zip: _____	Relationship: _____ Daytime Telephone: _____ Mobile/Evening phone: _____ E-mail: _____
Please fill in the Pastor or Church Leader you have submitted a reference form to.	
Name: _____ Church: _____ Position: _____ Telephone: () _____ Ext.: _____	
Please list a current or most recent employer we may contact as a reference:	
Name: _____ Company: _____ Position: _____ Telephone: () _____ Ext.: _____	
Feedback	
How did you hear about Friend Ships? <i>(Please <input checked="" type="checkbox"/> check those that apply)</i> <input type="checkbox"/> Internet/Website <input type="checkbox"/> Radio broadcast <input type="checkbox"/> T.V. broadcast <input type="checkbox"/> News <input type="checkbox"/> College <input type="checkbox"/> Tradeshow <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Visiting group <input type="checkbox"/> Heard speaker <input type="checkbox"/> Friend or Crewmember <input type="checkbox"/> Book/audio <input type="checkbox"/> Other: _____ Comments/Details: _____	

VERIFICATION FORM

Please check **U** all, to confirm you have read and completed each of the following before sending in your application package to the Personnel Department:

- “ Read the Statement of Agreement. One Page.**
- “ Disaster Response Volunteer Application. Two Pages.**
 - “ A recent photograph of yourself. Attach to the application.**
 - “ A Contact Email: _____**
- “ Disaster Response Physical Wellness Form. Two Pages.**

I have requested a reference evaluation form from:

- “ My Pastor. Two Pages. I have given him/her the pastor's letter of explanation and pastor's form.**

Signature: _____ Date: _____

Applications without proper signatures cannot be accepted. Friend Ships Unlimited has my permission to verify this information.

THANK YOU FOR YOUR INTEREST IN FRIEND SHIPS!

Please mail completed forms back to:

Friend Ships Unlimited
Attn: Personnel Department
1019 North 1st Avenue
Lake Charles, LA 70601

Friend Ships

DISASTER RESPONSE PHYSICAL WELLNESS FORM

】 IMPORTANT ！

You must answer every question. This form must be received along with the disaster response application in order to process your paperwork. Please answer honestly and openly. All applicants are prayerfully considered so your responses will not automatically disqualify you.

Please use additional paper if needed.

CONDITION OF HEALTH (Please check): " POOR, " FAIR, " GOOD, " EXCELLENT

Do you have any ALLERGIES: (Please check) " Yes, or " No **If Yes,** Please list: _____

Health Conditions: Please check the boxes if you have **had** or **have** any of the following.

Asthma " Had or " Have	Tuberculosis " Had or " Have	Diabetes/Hypoglycemia " Had or " Have
Hepatitis " Had or " Have	Mental Illness " Had or " Have	Heart Problems " Had or " Have
Epilepsy " Had or " Have	HIV Virus/Aids " Had or " Have	Back Problems " Had or " Have
Other: _____ " Had or " Have		

Do you have any reason to believe you have a contagious disease? " Yes, or " No **If Yes,** Please specify: _____

Physical Conditions: Please check the boxes **yes** or **no** to the following. Mark **yes** if you are able or **no** if you are **unable**, please explain any limitations or accommodations requested.

Can you lift and carry 20 pounds repeatedly? " Yes, or " No Comments: _____

Can you lift and carry 50 pounds repeatedly? " Yes, or " No Comments: _____

Climb two or more flights of **ladders**? " Yes, or " No **If No** Comments: _____

Stand for two hour periods? " Yes, or " No Comments: _____

Sit for long periods? " Yes, or " No Comments: _____

Walk on uneven terrain? " Yes, or " No Comments: _____

Walk for two hours? " Yes, or " No Comments: _____

Drive in daylight and at night? " Yes, or " No Comments: _____

Bend and stoop? " Yes, or " No Comments: _____

Work and live with little or no privacy? " Yes, or " No Comments:_____
Tolerate extreme heat and humidity? " Yes, or " No Comments:_____
Require air conditioning? " Yes, or " No Comments:_____
Tolerate extreme cold? " Yes, or " No Comments:_____
Tolerate areas with mold and mildew? " Yes, or " No Comments:_____
Tolerate unpleasant odor? " Yes, or " No Comments:_____
Tolerate smoke or poor air quality? " Yes, or " No Comments:_____
Do you require special food items/diet/timing of meals: " Yes, or " No Comments:_____
Require access to specialized medical care? " Yes, or " No Comments:_____
Require electricity for medical devices/meds? " Yes, or " No Comments:_____
Require assistance with health monitoring? " Yes, or " No Comments:_____
Are you fearful of heights? " Yes, or " No Comments:_____
Are you fearful of small spaces (<i>Claustrophobic</i>)? " Yes, or " No Comments:_____
Can you work 12 hour shifts/nights/weekends? " Yes, or " No Comments:_____
Sleep on a cot or floor? " Yes, or " No Comments:_____

Applications without proper signatures cannot be accepted. Friend Ships Unlimited has my permission to verify this information.

Signature:_____ Date:_____

Please make sure to enclose with your disaster response application.

Friend Ships

1019 North First Avenue Lake Charles, LA 70601 U.S.A Tel: (337) 433-5022 Fax: (337) 433-3433 E-mail: personnel@friendships.org www.friendships.org

DISASTER RESPONSE PASTOR'S REFERENCE EVALUATION

Applicant's Full Name: _____ Date: _____
 Church Name: _____ E-mail: _____
 Pastor's Name: _____ "Mr.", "Mrs.", "Miss", "Ms."
 Church Address: _____ Daytime Tel: (_____) _____ - _____
 City: _____ State: _____ Zip: _____ Fax: (_____) _____ - _____

Friend Ships Disaster Relief Team

This applicant has applied to volunteer with the Friend Ships Disaster Relief Team. Friend Ships is a nonprofit charity corporation that works to assist all of the Body of Christ on a worldwide basis through the provision of food, clothing, medical supplies, and other relief items. One of our major outreaches is to those devastated as a result of a disaster. We believe an important aspect in obtaining a winning team is to receive honest evaluations on potential candidates for service. Therefore, we kindly ask that you be as candid as possible with us in order to protect both the applicant and Friend Ships. We consider all of your comments strictly confidential. For more information on Friend Ships please visit our website at www.friendships.org. Please contact personnel at (337) 433-5022 if you prefer to provide a verbal reference.

Reference Questions

1. How long have you know the applicant? _____ How well? _____

2. Please describe how you would rate the applicant in the following areas by checking the column for each characteristic that most accurately describes the applicant from your point of view:

Characteristic	Excellent	Above Average	Average	Questionable	Unknown
a. Christian Character					
b. Temperament					
c. Flexibility					
d. Works well under stress					
e. Respectful of other cultures					
f. Ability to follow instructions					
g. Respect for Authority					
h. Concern for others					
i. Energy (<i>stamina</i>)					
j. Health					
k. Leadership Qualities					
l. Team Player					

3. Have you noticed any of the following behaviors: argumentative, domineering, impatient, angry, critical of others, easily depressed, worried, showing signs of compulsive or addictive behavior that might affect the team they are going to work with. Please elaborate: _____

4. Is the applicant active in church activities/programs/groups? _____

5. Please make any comments regarding the applicant's skill which you feel could be helpful. _____

6. What is your overall evaluation of the applicant serving as a Friend Ships Disaster Relief Team volunteer?

- | | | |
|--|--|---|
| <input type="checkbox"/> Definitely unsuited | <input type="checkbox"/> Good prospect, but I have some reservations | <input type="checkbox"/> Above average prospect |
| <input type="checkbox"/> At this time unsuited | <input type="checkbox"/> Average prospect | <input type="checkbox"/> Exceptional prospect |

Additional Comments: _____

I declare that the contents of this confidential reference form are correct to the best of my knowledge.

Signature: _____ Date: _____

Thank you for taking the time to fill out this reference. Your input is very important to us and greatly appreciated. Please mail completed form back to:

Friend Ships Unlimited
Attn: Personnel Department
1019 North 1st Avenue
Lake Charles, LA 70601