

Friend Ships Unlimited (a.k.a. Park West Children's Fund, Inc.)

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

FRIEND SHIPS GALVESTON DISASTER RESPONSE TEAM

Dear Group Coordinator,

Please complete the Disaster Response Group Information Questionnaire and Disaster Response Summary Form and fax them to the Friend Ships office at (337) 433-3433 as soon as possible. Bring the original forms with the remaining documents to the site in Galveston, Texas.

Do not dispatch your team until you have heard confirmation from our office with the details for your group. Please email personnel@friendships.org if you have any questions.

In Christ,
Personnel Department

Friend Ships Unlimited (a.k.a. Park West Children's Fund, Inc.)

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Disaster Response Group Information Questionnaire

Please print neatly. Thank you!

Disaster Relief Team – Group Information

Church/Organization: _____

Group Coordinator: _____

Highly preferred method of contacting you.

Contact E-mail: _____

Please fill out appropriate telephone numbers and check your preferred contact number.

Church: _____ Ext.: _____

Coordinator #: _____

*** Additional information – See Church/Organization Registration form. ***

Estimated Group Information

Arrival

Date & Time ____/____/____ : ____ am/pm
(Month / Day / Year) (Time)

Departure

Date & Time ____/____/____ : ____ am/pm
(Month / Day / Year) (Time)

Total group size: _____

Males:

Age 18 and above: _____

Females:

Age 18 and above: _____

Please contact the Friend Ships Group Coordinator if you are considering anyone under the age of 18 to participate with your group.

If we are unable to send a group of volunteers at the time of the disaster, we may want to participate by:

Cargo Collection : Yes or No

If yes, we understand that we can be given a list of cargo that is needed and we will collect and deliver to Friend Ships as directed.

Prayer: Yes or No

If yes, we will commit to assigning a group of volunteers to pray for the needs of this mission.

Please complete this form along with the Summary Form and fax them back as soon as possible.

Friend Ships Unlimited
Attn: Group Coordinator
1019 North First Avenue
Lake Charles, LA 70601 USA
Fax: (337) 433 - 3433

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FRIEND SHIPS GALVESTON DISASTER RESPONSE TEAM

Dear Group Coordinator,

Please print and copy as necessary the below listed forms to give to each member of the group participating in Hurricane Ike response. Collect all forms (*signed originals*) and bring them to the Friend Ships site coordinator in Galveston, Texas. It is important not to dispatch your team until you have heard confirmation from our office with the details for your group.

Bring original forms for everyone on your team to the Friend Ships site in Galveston, Texas:

- Disaster Response Application
 - Disaster Response Physical Wellness Form
 - Disaster Response Statement of Agreement
 - Disaster Response Waiver of Liability
 - Pastor's Statement of Awareness**
-

PACKING RECOMMENDATIONS FOR YOUR GROUP:

Work clothes

Work gloves

Sturdy shoes

Shade hat

Sun block

Bug Spray

Bedding, Pillow - *Optional*

Your favorite tools (*Leatherman, multitool, etc.*)

Bible, Journal

Sleeping Bag - *Recommended*

Towel and wash cloth - *Optional*

Please label all of your belongings with a permanent marker.

***** All persons arriving to assist in the Galveston Outreach need to have a current Tetanus shot. *****

In Christ,

Personnel Department

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DISASTER RESPONSE VOLUNTEER APPLICATION

This application is ONLY for those applying with a group for Disaster Response. Please make sure to give this form and the physical wellness form to your group leader. <i>Please answer every question and <input checked="" type="checkbox"/> check boxes that apply.</i>	
Personal Information - Attach a recent photo with this application-	
Name:	Daytime Telephone:
Address:	Evening/Mobile phone:
City: State: Zip:	E-mail:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (Month/Day/Year):
T-Shirt Size: <input type="checkbox"/> S, <input type="checkbox"/> M, <input type="checkbox"/> L, <input type="checkbox"/> XL, <input type="checkbox"/> XXL	
Current Driving License? <input type="checkbox"/> Yes, or <input type="checkbox"/> No Endorsements:	
Group Information <i>(Church team or workgroup.)</i>	
Group Name:	Leader Name:
Experience Background <i>(Please use additional paper if needed.)</i>	
Please rate your experience or skill level in each of the following: <i>(0=No skill, to 10=Expert)</i> ____ Construction, ____ Chain Saw, ____ Food Service, ____ Medical, ____ Children's Ministry, ____ Music, ____ Site Infrastructure support <i>(water, power, sanitation, & security)</i> Please expound on above areas of experience and other areas not specified: _____ _____ _____	
Personal History <i>(Please use additional paper if needed.)</i>	
Please describe any previous short or long term volunteer work you have participated in: _____ _____ _____ _____	
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 Contact: _____	Daytime Telephone: _____
Relationship: _____	Evening/Mobile Phone: _____
City: _____ State: _____	E-mail:

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

Signature: _____ Date: _____

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DISASTER RESPONSE PHYSICAL WELLNESS FORM

IMPORTANT

Please make sure to give this form and the disaster response application to your group leader.
Answer every question and check the boxes that apply.

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

Health Conditions: Please check the boxes that apply to the following conditions you have or had.

Asthma <input type="checkbox"/> Have or <input type="checkbox"/> Had	Tuberculosis <input type="checkbox"/> Have or <input type="checkbox"/> Had	Diabetes/Hypoglycemia <input type="checkbox"/> Have or <input type="checkbox"/> Had
Hepatitis <input type="checkbox"/> Have or <input type="checkbox"/> Had	HIV Virus/Aids <input type="checkbox"/> Have or <input type="checkbox"/> Had	Heart Problems <input type="checkbox"/> Have or <input type="checkbox"/> Had
Epilepsy <input type="checkbox"/> Have or <input type="checkbox"/> Had	Mental Illness <input type="checkbox"/> Have or <input type="checkbox"/> Had	Back Problems <input type="checkbox"/> Have or <input type="checkbox"/> Had
Other: _____ <input type="checkbox"/> Have or <input type="checkbox"/> Had		

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

Do you have any Allergies: Yes, or No If Yes, Please list: _____

PHYSICAL CONDITIONS: On the following questions, please check yes, if you are able or check no, if you are unable.
Please explain any limitations or accommodations requested. (Please use additional paper if needed.)

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 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: _____

Sleep on a cot or floor? 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: _____

Do you require air conditioning? Yes, or No Comments: _____

Can you tolerate extreme cold? Yes, or No Comments: _____

Tolerate areas with mold and mildew? Yes, or No Comments: _____

Tolerate unpleasant odors? Yes, or No Comments: _____

Tolerate smoke or poor air quality? Yes, or No Comments: _____

Tolerate exposure to casualties/death? Yes, or No Comments: _____

Do you require special food items/diet/timing of meals? Yes, or No Comments: _____

Do you require access to specialized medical care? Yes, or No Comments: _____

Are you fearful of heights? Yes, or No Comments: _____

Are you fearful of small spaces (*Claustrophobic*)? Yes, or No Comments: _____

Can you sometimes work 12 hour shifts/nights/weekends? Yes, or No Comments: _____

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

Signature: _____ Date: _____

STATEMENT OF AGREEMENT

Friend Ships Disaster Response Team Members

If I am accepted by Friend Ships as a volunteer Disaster Response Team Member (FSDR), I agree to comply with the following terms in this 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 Friend Ships Disaster Response Team Roster.

Signature: _____ Date: _____

Disaster Response

Waiver of Liability

I am aware that ships “Hope” and “Mersea,” and the Friend Ships “Base Camp” in Galveston Texas are maintained and operated by a charitable organization, Park West Children’s Fund, Inc. (PWCF) a.k.a. Friend Ships Unlimited (FSU) and that PWCF/FSU do not have worker’s compensation, medical coverage, liability insurance or any similar insurance of any kind. I acknowledge and represent that I have seen the ships and Base Camp, that I am aware of their lack of insurance as set forth, and I hereby waive any and all claims against and liability of The Port of Galveston, the City of Galveston, Park West Children’s Fund Inc. (a.k.a. Friend Ships Unlimited), its officers, agents and staff, for any liability, loss, damage or personal injuries arising out of or related to such conditions or any related conditions and I expressly assume the risk of any/all losses, damages, injury which I may sustain or incur while visiting or volunteering labor, by reason thereof.

I am aware that Park West Children’s Fund Inc. (a.k.a. Friend Ships Unlimited) is a volunteer organization and I do not expect to receive payment, benefits or any compensation whatsoever for any work I may do on the ships or elsewhere in the interest of Park West Children’s Fund Inc. (a.k.a. Friend Ships Unlimited).

_____ Date: _____
Name (Please Print)

_____ Date: _____
Volunteer’s Signature

_____ Date: _____
Witness Signature

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PASTOR'S STATEMENT OF AWARENESS

I, _____, have read
(print pastor name)

the enclosed information and understand and agree that our team leader of

_____ will be responsible
(print church name)

for our team members' conduct and travel to and from the Disaster Response site.

I also agree that the team is fully informed as to the type of work they will be expected to do and conditions they may expect to encounter.

Pastor's Signature _____

Date ____/____/____

Please have the group coordinator bring this pastor's statement along with all other paperwork collected for each member of your group to the Friend Ships site.