Team Leader/Group Requirements

- **Things to Bring:** Devotional Materials/Bible – Toiletries – Towels/Wash Cloth – Bedding/Pillow (twin size) – Flashlight – Sunscreen – Sandals for the Shower - Insect Repellent – Snacks – Ice Chest – Insurance Card – Medicine – Ear Plugs (if you are sensitive to snoring) – Lawn Chair (great for free time and outdoor activities). Work clothes and shoes, refer to dress code. You will need to bring enough clothes for you stay. We encourage teams to bring their own personal tools that they prefer to use. Safety glasses, work gloves, etc. (keep your tools locked in your vehicles/trailers). Teams will need to provide their own ice.

- **Cost:** $21 per day per person. That will cover your lodging, your meals while you are here and supplemental insurance. We recommend bringing some extra snacks which are not included in the cost. Checks should be made payable to NC Baptist Men or Red Springs Mission Camp and paid upon your arrival at the camp.

- **Youth Groups:** Age 13 and above. You must have a 1:4 ratio of adult to youth and have at least two skilled construction people per ten youth.

- **Check-in:** All team members sign-in with their completed Medical and Release of Liability forms. Orientation with the Camp Coordinator. The team leader will meet with the project coordinator for project assignments.

- **Lodging:** Males and Female will be divided into separate sleeping rooms. You will be assigned sleeping quarters. Please stay in your assigned rooms! This is absolutely necessary in order to house other volunteers. Do not take snacks into your rooms, a refrigerator will be provided for snacks and medicines, etc. (write your name & date on refrigerated items).

- **Meal Schedule/Information:**
  - Breakfast: 7:30am – 8:00am  Sunday-Closed All Day
  - Lunch: 12:00am – 1:00pm Saturday-Bagged Lunch
  - Dinner: 5:30pm – 6:00pm Saturday-Closed for Dinner

  Inform the kitchen at breakfast if your team plans to go out to eat that day. Also, inform the kitchen the night before if you need bagged lunches for the next day. We order and cook our food based on the number of volunteers that we have. We need your team count daily for all three meals to make sure we do not waste food.
  - Should you have special diet needs, you will need to make arrangements to take care of those needs.
  - Saturdays there will be no evening meals served. Bagged lunches will be available for the lunch meal only. Breakfast will be served at the regular time.

- **Dress Code:** T-shirts or work shirts on the project site and at the camp. No cutoffs, ripped sleeves, shirts with offensive language/questionable graphics or text, or tight knitted tank tops will be allowed. Factory sleeveless shirts are okay. Shorts must be at least mid-thigh in length (most Soffe style shorts are too short) on the project site and at the camp. Please use the same dress code when going to and from the showers and in common areas. Violations to the dress code will not be tolerated.

- **General Information:**
  - We encourage you to have team devotions each day/night.
  - Mission Camp is closed on Sunday.
  - Mission camp gates are locked at 10:00pm. Please be in at this time or make arrangements with the Camp Coordinator.
  - Quite time 10:30 - Lights out at 11:00PM. Remember to be respectful of others sleeping!
  - Profanity, alcohol, drugs and smoking are not permitted! Any violators will be asked to leave the premises immediately.
  - Take precautions in safeguarding your personal property. We will not be responsible for stolen or lost property.
  - Vehicle parking is provided inside the gate in the rear of the main building. Do not block the road or entrances with your vehicles. Refer all media requests to the Camp Coordinator.

- **Housekeeping:** Please help us with the following: Bag trash and carry to the dumpster, make a daily clean sweep of your room to check for wet clothing, towels/linens, personal items or any electrical items that have been left on (curling irons etc.). Do a general clean up each day (sinks, toilets, showers & floors) before leaving for your project site. Do not store or have food in your sleeping
area; we do have problems with red ants. Clean the showers after you use them so they will be clean and ready for the next person to use. Please keep the shower curtains inside the shower stall when taking your shower this will prevent flooding the floors with water. Pick up after yourselves in the dining hall and common areas of the facility. Do not leave anything that belongs to you behind in the showers, dining hall, worship or any other common area of the camp including outside grounds.

- **Safety First:** Prepare your team to use tools and/or have a skilled person with your team to train them. This will ensure all members have some knowledge and experience working with tools. We strongly emphasize safety on the project site and at the camp. We never anticipate having an accident but we do strongly recommend each team member have an updated tetanus shot and wear closed toe shoes at all times on the project site. For safety reasons tennis shoes or work boots are best. You must wear shoes at all times, even at the camp site.

- **Evangelistic Opportunities:** Vacation Bible Schools, Sport Camps and other community ministries can be set up by the Camp Coordinator. Arrangements will be made for these ministry opportunities with the local associations, churches, etc. You will need to provide all needed materials for your group.

- **Warehouse Procedures**
  Hours 7:00am – 5:30pm
  All materials used from warehouse must be checked out and entered on a materials/tools list. Please have the account number for the homeowner ready. This number will assure the homeowner’s data is correct.
  Do not purchase any material from sources other than our NCBM Warehouse for the homeowner without prior approval from Camp Coordinator.
  All work equipment/tools must be checked out by the warehouse coordinator and returned CLEAN and ready for the next team to use. Clean up area is provided.
  If the warehouse coordinator is not in the warehouse please leave all items on the floor in front of the check out counter with your name/crew chief’s name with the items, the coordinator will check in the items when they return.

- **Construction Project Site Procedures:** You will be given a project site order with all the necessary information regarding your homeowner. Please fill out the sections pertaining to the work completed, work to be completed, hours/days worked and number in your crew. We MUST have the work orders returned to the office for review regarding the status of work on your homeowner. Please DO NOT take this information home with you! Return them to the office before you leave. Remember the project number assures the correct data entry for the homeowner.
  Call the homeowner before going to the project site. If possible call the night before you go to the home.
  Do not ever promise anything to the homeowner. Bring all requests in addition to your project request to the attention of the Camp Coordinator.
  NCBM provide labor and we have partnerships with different organizations to purchase building materials only. Please do not charge any decorative or unauthorized items to the NCBM.
  Should you have questions or concerns regarding your project request contact the Camp Coordinator before continuing with the work.

We work closely with trustworthy sources such as Associations, Churches, Senior Centers, Homeless Shelters, Nursing Homes, Social Services and other organizations to locate people who are in need of our services.

The goal of NC Baptist Men’s Red Springs Mission Camp is to involve churches (men, women and youth) in missions. As we serve together, using our God given skills, God will open doors for many spiritual needs to be met.

If we can assist you in any way please feel free to contact us.

We look forward to leading and serving alongside you!

Larry Osborne
Camp Coordinator
Cell: 919-264-4397
Land Line: 910-843-7700
Fax: 910-843-4800
losborne@ncbaptist.org
www.facebook.com/RedSpringsMissionCamp
www.ncmissions.org

Revised 01/31/2012
NORTH CAROLINA BAPTIST DISASTER RELIEF
GENERAL MEDICAL INFORMATION
(To be filled out by applicant)

Name: _______________________________ ________________________________
(last) (first) (middle)
Birthday: _______ Age: ___ Sex ___

Address: ___________________________________________________________
City: ___________________ State: ___ Zip: _____
Home phone: (______) Work phone: (______) Email: ______________________
Marital Status: __________________ Weight: ___ Height: ___
Emergency Contact Person: ____________________ Telephone: (____)

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

Medical History:
a. General Health: ____________________________________________________
b. Limitations: ______________________________________________________
c. Any history of the following: trick knee_____ weak ankles_____ bad back _____ other ________________
d. Are you subject to: diabetes_____ epilepsy_____ heart disease_____ hypertension___ other ________________
e. Appendix removed? ___ _____ Tetanus shot updated? ______ __
g. Medicines taken: __________________________________________________
   Reason: ____________________________ Reason: ______________________
   Reason: ____________________________
h. Allergies(food, drugs, other): _______________________________________
   Medications used to treat allergies: ___________________________________
i. Medical treatment received in the past year: _____________________________
j. Have you had or been exposed to any contagious disease in the past six months? ________ If so, what? _______________

Physician’s Name: ______________________________ Office Phone: (______)
Address ___________________________________________________________
City: ___________________ Zip: _______

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

Signed: ___________________________ Date: _______________

INSURANCE
Insurance issued in the name of: _______________________________________
Address of insured: ___________________________________________________
Name of insurance company: ___________________________________________
Address of insurance company: ________________________________________

Policy number: ______________________________________________________

PHYSICIAN (optional)
I have examined the applicant and find that he/she is in fit health for participation in Disaster Relief Work.

Physician’s Signature: ______________________________ Date: _______________
Comments: ___________________________________________________________________

You must bring this with you filled out. Please leave it with the contact person when you check in. Be sure to also sign in the volunteer register when you check in. Thanks.
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 N. C. Baptist Men.

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

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 N. C. Baptist Men 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 N. C. Baptist Men give notice.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold the property owner, local Baptist Church, my Baptist Association, Baptist State Convention of N. C and/or the N. C. Baptist Men 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.

Volunteer’s Signature Date

Address

City State Zip

Person to Contact in Case of Emergency

Parent’s Signature (if volunteer is under 18 years of age) Date

(______) -
Phone

Church Association

(______) -
Phone

Witness

Date revised 1-17-07