

INDIVIDUAL VOLUNTEER SKILL SHEET

NAME: _____ GROUP _____

0 = I am unable to do or am not interested in this skill
 1 = I don't know how but am willing to learn/try 3 = I can do a good job by myself
 2 = I have done it before but still need help to do others 4 = I can do a good job and can guide/teach others

<u>Skill Level</u>	<u>Skill</u>
_____	Architect
_____	Carpenter
_____	Clean up worker
_____	Concrete
_____	Construction Layout
_____	Contractor....I hold a license in the state of _____
_____	Drywall Hanger
_____	Drywall Finisher
_____	Egress Window
_____	Electrician.... I hold a license in the state of _____
_____	Engineer (kind) _____
_____	Flooring - Carpet
_____	Flooring – Underlay
_____	Flooring – Vinyl
_____	Framing
_____	Heating/cooling
_____	Heavy equipment operator _____ CDL= yes no
_____	Insulation
_____	Mason
_____	Painter
_____	Plumber....I hold a license in the state of _____
_____	Roofer

Other Skills/Comments:

CAMP VICTOR MEDICAL AUTHORIZATION FORM

Organization / Congregation _____

Departure Date _____ Return Date _____

I, _____, authorize _____,
(Participant) (another adult on the mission)

if I am unable to do so, to consent to any necessary examination, anesthetic, medical 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.

Note: All applicants must provide the following information:

Participant's physician _____ Phone _____

Medical Insurance provider _____ Phone _____

Policy Number _____

Allergies and Medications and Particular Health Problems:

Signature of Participant _____ Date _____

PARTICIPANT LIABILITY RELEASE FORM

(Effective 1/21/2008)

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Lutheran Social Services Disaster Response (LSSDR), Lutheran Episcopal Services in Mississippi (LESM), and Camp Victor Ministries.

I, _____ acknowledge and state the following with respect to my child _____:

My child, in consultation with me, has chosen to travel to perform clean-up/construction work designed to repair disaster damage.

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than ground level. I certify that my child is in good health and physically able to perform this type of work.

I understand that my child is engaging in this project at my own risk. I understand that this is a grass roots activity to support individuals adversely affected by flood/disaster. I assume all risk and responsibility for any damage or injury to my child's property or any personal injury, which my child may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my child's 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 my child is to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold, **Lutheran Disaster Response, Lutheran Social Services Disaster Response, the Southeastern Synod of the Evangelical Lutheran Church in America, The Lutheran Church Missouri Synod, Lutheran Church of the Good Shepherd, Lutheran Episcopal Services in Mississippi, Camp Victor Ministries, any and all partner Churches, facilities or organizations, 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.

SIGNATURE _____ DATE _____

DATES COVERED by THIS LIABILITY FORM _____ to _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____