

# IKC Disaster Recovery Volunteer Outreach Registration Form Adult Form (18 years and older)



**Outreach Week** (specify): \_\_\_\_\_

Complete this registration form (4 pages) for every volunteer.

List the dates you will be on-site. Arriving \_\_\_\_\_ Departing \_\_\_\_\_

Check (✓) the weekdays you will be volunteering.

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

Check (✓) the nights you will be staying at the volunteer housing facility.

Sun. \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri. \_\_\_\_\_

Housing and meal fees vary depending on the volunteer housing facility. Contact the Volunteer Outreach Registrar (see page 4) for this information.

Volunteer's Name \_\_\_\_\_ Birth date: \_\_\_\_\_  
(Print clearly) (First) (Middle) (Last) (mo-day-year – xx-xx-xxxx)

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone - Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work \_\_\_\_\_

Your Email address: \_\_\_\_\_

Your Church: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Your Team Leader: \_\_\_\_\_

### **BACKGROUND CHECK POLICY (18 years or older)**

Volunteers participating in the IKC Disaster Recovery Volunteer Outreach who are 18 years or older (on the first day of the work camp) **must** complete a background check every (5) five years. The IKC uses Praesidium to perform a confidential background check. To begin a background check through Praesidium, send an email to [ikc@ikcucc.org](mailto:ikc@ikcucc.org) with "Requesting a background check" on the subject line. That will initiate the process. There is an approx. \$12.00 on-line fee for this service. Once approved, the volunteer and the IKC office will be notified via email.

Have you completed a background check in the past (5) five years? (Circle) Yes      No

If yes,

When? \_\_\_\_\_ By what agency? \_\_\_\_\_

If other than, Praesidium through the IKC Office, please copy and send your background check verification via. mail or email to the IKC office:

Attn: Conference Administrator	or via. email attachment:
Indiana-Kentucky Conference, UCC	<a href="mailto:ikc@ikcucc.org">ikc@ikcucc.org</a>
1100 W. 42 <sup>nd</sup> Street, Suite 155	
Indianapolis, IN 46208	

If no,

You will need to have the background check submitted 3 weeks prior the first day of the outreach week? List what agency? \_\_\_\_\_

If other than, Praesidium through the IKC Office, please copy and send your background check verification via. mail or email to the IKC office listed above.

### **COVENANT**

1. The host congregation, host facility, the families with whom I work, the community in which I volunteer, and volunteers from other congregations, may embrace cultural, religious, economic, and political views that differ from my own. I will respect others by dressing modestly, avoiding profanity/crude language, and I will converse courteously and respectfully.
2. I will cooperate with the work leaders and stay with the group during my volunteer time.
3. I acknowledge there are certain risks, including but not limited to health hazards, diseases, pests, and the potential for injury.
4. I acknowledge that in the event of an accident or illness, my own health insurance provides the primary coverage.
5. I understand that the Indiana-Kentucky Conference or members of the Disaster Preparedness and Response Ministry Team may post or display pictures or videos of groups or individuals involved in the volunteer outreach week. I do not hold Indiana-Kentucky Conference liable or responsible for pictures and videos posted by others in any form of social media or other publications. See the consent below.
6. I release and discharge the Indiana-Kentucky Conference of the UCC, and any other organizations that helped in these arrangements, their agents, employees, and officers, from all claims, demands, actions, judgments, or executions that I have ever had, or now have, or may have, or which my heirs, executors, administrators or assigns may have or claim to have, against the organizations, their agents, employees, and officers, and their successor or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of, the above-described volunteer outreach. I intend to be legally bound by this statement.
7. The IN-KY Conference is committed to providing an atmosphere free from all forms of discrimination, harassment, exploitation and/or intimidation of its volunteers. I acknowledge that I have read and will abide by the *IKC Abuse Prevention* policy. This document can be viewed and downloaded from the IKC Disaster Preparedness webpage.
8. For churches outside the IN-KY Conference: I acknowledge that as participants in this Indiana-Kentucky Conference sponsored volunteer outreach program I am subject to the policies, procedures, and covenants of the Indiana-Kentucky Conference; that I must provide my own liability and health insurance coverage; that transportation to, from and during the volunteer outreach experience is my responsibility and subject to my own insurance coverage; and that I release and hold harmless Indiana-Kentucky conference and its designated leaders and any others who have participated in arranging this volunteer outreach project.

### **PHOTO/VIDEO/NAME RELEASE CONSENT (FOR ADULT)**

I hereby give the Disaster Preparedness and Response Ministry Team (DPRMT) of the Indiana Kentucky Conference (IKC) of the United Church of Christ the right and permission, with respect to names, photographs, and video taken of me to use, re-use, publish and re-publish the same in whole or in part, severally or in conjunction with other photographs and videos, in any medium and for any purpose whatsoever including illustration, promotion, social media, and advertising (excluding anything illegal or immoral) on the IKC website and DPRMT Facebook page and other such social media platforms.

**MEDICAL/HEALTH INFORMATION/COVENENT (FOR ADULT)**

IMPORTANT: By signing this form, I acknowledge I have Major Medical or Accident Insurance coverage and that my coverage is Primary for me. I also agree to pay and/or reimburse for any necessary/emergency medical treatment and/or related expenses incurred during this volunteer outreach event. I also acknowledge that I am obligated to carry the Major Medical or Accident Insurance provider card and a record of pertinent medications on my person during the volunteer outreach event.

Emergency Contact Name \_\_\_\_\_ Relationship to Volunteer \_\_\_\_\_

Emergency Contact Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work \_\_\_\_\_

List any known medication allergies: \_\_\_\_\_

**Note:** If you have not had a tetanus shot in the past 10 years, it is highly recommended you receive one before coming to the volunteer outreach event.

In the unlikely event of a medical emergency in which I am unable to speak for myself, and my emergency contact cannot be reached, I authorize the group leader(s) to consent to any necessary examination, anesthetic, medical diagnosis, surgery, treatment and/or hospital care deemed necessary.

By signing this form, you agree to all the covenants and consents described above.

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**SKILLS ASSESSMENT**

Please complete the following skill list: Rank all jobs you would be willing and able to do if called upon.

Rankings are as follows: **1**-You require instruction & supervision **2**-You can perform independently with some instruction **3**-You can perform well, but cannot teach others **4**-You can perform well, and can teach others **5**-Licensed/Certified in this area/field

- \_\_\_ Builder/Contractor      \_\_\_ Electrician      \_\_\_ Manager/supervisor      \_\_\_ Plumber
- \_\_\_ Carpenter, finish      \_\_\_ Carpenter, framer      \_\_\_ Masonry/Concrete      \_\_\_ Roofer
- \_\_\_ Siding      \_\_\_ Drywall hanging      \_\_\_ Drywall finishing      \_\_\_ Painter
- \_\_\_ Floor Covering      \_\_\_ HVAC/Heating & Cooling      \_\_\_ Mobile Home Repair
- \_\_\_ Mechanic      \_\_\_ Food prep/baking/cooking      \_\_\_ Housekeeping/cleaning
- \_\_\_ Debris Cleanup      \_\_\_ Chainsaw      \_\_\_ First Aid      \_\_\_ CPR
- \_\_\_ Speak second language(s)      Other: \_\_\_\_\_

Please list any specialized tools or equipment you could or would prefer to bring.

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**Make check payable to the "IN-KY Conference, UCC"**

**In the memo area write "2025 Disaster Recovery Volunteer Outreach" and the week you will be volunteering.**

**Mail the payment to the Volunteer Outreach Registrar:**

**Greg Denk, 5258 Red Stone Lane, Greenwood, Indiana 46142**

**For more information e-mail gdenk5258@att.net or call 317-709-1088 (c)**

**Receipt of on-line registration form, background check, and payment reserves your spot.**

**Registration Deadline: 3 weeks prior to the first day of the outreach event.**

**Completed Registration**

**Once this IKC on-line registration form, background check, and payment are received by the Volunteer Outreach Registrar, you will receive confirmation that your volunteer registration has been approved.**

**Print a copy of this on-line form (4 pages) for yourself in case questions arise. Then Submit the form.**

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**-- For IKC-DPRMT office use only:**

**Registration received on: \_\_\_\_\_**

**Check Number: \_\_\_\_\_**

**Check Amount: \_\_\_\_\_**