

HCRN- Volunteer Packet Contents

Dear Team Leader,

Welcome to HCRN. Please read the information in this packet. Make copies and distribute necessary forms to team members.

Return all completed forms to HCRN at least 10 days prior to arrival.

Thank-you.

In this packet you will find:

- Introductory Letter – Welcome to HCRN
- HCRN Volunteer Camps
- Individual Release of Liability Form for Minors (ages 12-17)
- Individual Release of Liability Form for Adults (over age 18)
- Medical Release Form for Minors (ages 12-17)
- Medical Information Form for Adults (over age 18)
(In addition to the medical information form, all individual volunteers must provide a copy of individual insurance cards w/policy number)
- HCRN House Rules
- Packing List for Trip
- Volunteer Skills Worksheet

**Welcome
Fire Recovery
Northern California**

Dear Group Leader:

On behalf of HCRN, we would like to thank you for choosing to serve alongside us in Northern California. We know that you have many options to choose from with disasters occurring more frequently. The time and energy your group will be giving this area is greatly appreciated.

Hope Crisis Response Network is a 501 (C) 3 non-profit organization, dedicated to helping communities impacted by disasters.

HCRN arrived in Lake County, CA following the Valley Fire in 2015. Since that time, we have responded to over 50 wildfires and currently have two rebuilding projects in Butte and Siskiyou Counties.

In the Response phase of the disaster our goal is to help educate communities, mentor local churches and help establish Long -Term Recovery Groups, which in turn oversee the local recovery efforts. In the Recovery phase we work at “Rebuilding Homes and Restoring Lives.”

During your trip, HCRN will be working to ensure your team’s success. Know that everything your team is asked to do will in some way help a family get back into their home. Each task is important: digging ditches, painting, chalking, putting in appliances, helping with dry wall, framing, flooring, plumbing and electricity.

We will be praying that God works through the hearts of each individual involved and works through you to strengthen relationships with each other and families we serve. Be open to what God has for you during this exciting week!

Remember that God’s plans aren’t always our plans, so be open and flexible.

Please review attached documents. ***Please complete all attached forms and turn them in 10 days prior to the team’s arrival either by email or regular mail.*** Please feel free to contact us with questions.

We look forward to having your team stay with us!

Travis Cox
Volunteer Coordinator
Travis@hcrn.info
574-333-7728

Kristan Johnson-Hay
Housing Coordinator
Kristan@hcrn.info
707-239-2052

Mailing Address:
PO Box 808
Happy Camp, CA 96039

HCRN-Volunteer Camps Northern California

Our Housing Coordinator will greet your team upon arrival and will provide an orientation of your upcoming week. This will include housing, camp facilities and the meaningful work that lies ahead for your team. The Camp Construction Manager will be introduced and speak with the team Leader(s) following orientation about specific job needs and placement of volunteers. HCRN has projects with a variety of skills and work to be done. Our staff will not be able to give out work assignments until orientation. We do note volunteers with specific skills and work to use those skills effectively, please fill out the **Volunteer Skills Worksheet** prior to arrival.

HCRN is currently renovating what will become our permanent volunteer housing. For now, teams will need to be prepared to sleep on air mattresses. HCRN will provide air mattresses, sleeping bags and pillows. The team will be sleeping in the sanctuary space of Happy Camp Assembly of God Church.

While staying with us, the Housing Coordinator will lay out expectations for your stay. Please ensure your team has a cook or other assignment for meals. Through a generous partnership with The American Red Cross, we are able to purchase food for your team prior to your arrival. Contact Kristan to confirm grocery needs for your week. Please have a plan for clean up after meals, and general cleanliness in shared spaces.

Be prepared for poor cell phone reception, because Happy Camp is a beautiful piece of the world, but there is very little infrastructure currently in place.

Leader- *please send in the following completed forms at least 10 days prior to arrival:*

- **Individual Release of Liability**
- **Medical Forms (please include copies of health insurance cards with policy numbers)**

**INDIVIDUAL RELEASE OF LIABILITY FORM FOR MINORS
HCRN**

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip _____

Email: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact Name _____

Phone # _____

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold HCRN and its partners, or any other related Disaster Response Agency, together with their officers, agents, servants and employee, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence. I also give HCRN and/or it's partners permission to use any video or photo's take of me on this project for promotional use only.

Signature: _____

Date: _____

PARENTAL CONSENT/RELEASE - If the individual is a minor (under 18 years of age), the following should be signed by a parent or legal guardian. I hereby consent and agree, individually and as a parent or legal guardian of to all the terms and provisions above.

Name (please print): _____

Relationship to minor: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Individual Release of Liability Form for Adults HCRN

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Hope Crisis Response Network, Inc.

I, _____ acknowledge and state the following: I have chosen to travel to Northern California to do construction work designed to repair or rebuild damaged homes.

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. I certify that I am in good health and physically able to perform this type of work.

I understand that the COVID-19 pandemic is still ongoing, and I assume all risk related to this health crisis.

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

I understand that HCRN provides accommodations, I also understand that they are not responsible or liable 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 for 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 the time.

I understand the need for confidentiality, and will not discuss, photograph or otherwise disclose identifying information about the occupants of the house I am working in without prior permission from HCRN and the family. This includes any reference to names, addresses or other identifiable information.

By my signature, for myself, my estate and my heirs, I release and discharge, indemnify and forever hold Hope Crisis Response Network, Inc., the partners or any other disaster response agency, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence. I also give Hope Crisis Response Network and/or their partners' permission to use any video or photos taken of me on this project for promotional use only.

Volunteer Signature: _____ Date: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact name: _____ Phone: _____

**Medical Release Form for Minors
HCRN**

Minors' Name _____ Date ____/____/____
Date of Birth ____/____/____
Health Insurance Company _____
Policy # _____

Include copy of Insurance Card

Emergency Contacts

Name: _____ Relationship _____
Address _____
City _____ St _____ Zip _____
Cell Phone (____) _____ Work Phone (____) _____
Home Phone (____) _____

List all medications, dosage and frequency taken both prescription or over the counter:

Permission to give Aspirin ____ Yes ____ No

Permission to give Tylenol ____ Yes ____ No

List all allergies to medication, food and environment:

Describe any medical conditions or limitations

Team Leaders' Name: _____ Trip Destination: Northern CA.

Parent or Guardian Authorization

I _____, authorize _____ to
consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment
and/or hospital care rendered to the minor under the advice of any physician or surgeon
licensed to practice medicine by the state in which they practice, during the duration of the trip
identified above.

Signature of _____

Relation to Minor: _____

Date ____/____/____

A copy of this form will be kept with your Team Leader on all projects.

**Medical Information Form for Adults
HCRN**

Name of Volunteer: _____
Team Leaders' Name: _____ Phone Number: _____

Name of contact person at home _____
Relationship _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
Phone _____

Health Insurance Company _____
Policy Number _____
(Attach copy of Insurance Card)

List all medications, dosage and frequency taken both prescription or over the counter:

List all allergies to medication, food and environment:

Physical Limitations or issues including special dietary needs:

I am a diabetic _____ Yes _____ No

I have a history of seizures _____ Yes _____ No

Provide helpful health information

I consider myself healthy enough to fulfill my responsibilities on this volunteer trip
____ Yes _____ No

Signature of Volunteer _____ Date ____/____/____

A Copy of this form will stay with your Team Leader on all projects.

Happy Camp
****HOUSE RULES****

MEAL TIMES:

Breakfast: 7:00 a.m.

Lunch: 12:00 noon or on-site

Dinner: 6:00 p.m.

QUIET HOURS:

10:00 p.m. (Sunday – Thursday)

LIGHTS OUT:

11:00 p.m. (Sunday – Thursday)

- ❖ THE CAMP IS CLOSED FRIDAY EVENINGS with the exception of extended stay volunteers or those who have flights on Saturdays. Work can be provided on Saturdays as one day projects if coordinated with Volunteer Coordinator in advance. Thank you for your understanding as our staff needs prep time.
- ❖ Computer access and Wi-Fi is available. Ask HCRN staff for the password.
- ❖ Devotions are in the evening after dinner clean-up. We ask that your group be prepared to lead devotional time. We will pray for each meal as a group.

During your week with HCRN:

- ***For safety***, it is important that proper personal protection equipment be worn on all job sites including footwear and appropriate clothing at all times. If you use chain saws you are required to wear chaps, **NO EXCEPTIONS!**
- Modest dress at camp is appreciated, short sleeves and appropriate shorts are acceptable.
- Clean up your work site after work each day.
- Keep your personal space neat and clean.
- In living together, be sensitive to your fellow volunteers.
- The use of tobacco, alcohol and non-medicinal drugs is not permitted at camp or on project sites.
- Meals are provided daily and we request that you notify the camp director in advance if you will not be joining us for any certain meals.
- Think twice about personal jokes. Remember the GOLDEN RULE.
- You are a representative of Jesus, your Church and HCRN.
- Let your conversation and behavior fit the role of a volunteer “to help people in need, in the name of Christ.”

Packing List for Trip

Sleeping Bag or bedding & pillow
Duffle bag/suitcase – pack with adequate clothing for temperature changes
Work pants, recommended
Personal hygiene items
Towel & washcloth, etc.
Medication
Bug spray, suntan lotion
Work boots and a pair of tennis shoes
Work gloves, protective eyewear
Ear plugs, for snorers
First Aid kit to travel in each vehicle
Chargers for Cell phones
Sunglasses
Hat
Work Supplies- We provide tools but if you have a favorite...
Bible
Please bring a refillable water bottle with your name on it.

Optional

Personal entertainment devices (should include head-phones)
Guitar
Camera
2-way radios

Please bring enough clothing for the week. This includes enough clothing for relaxing.

If you have your own air mattress or cot or other sleeping equipment, feel free to bring what is comfortable for you.