

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. Email is preferred.

Thank you!

In this packet you will find:

- Introductory Letter – Welcome to HCRN
- HCRN Volunteer Camps
- Volunteer Group Intake Form
- Individual Release of Liability Form for Adults (over age 18)
- 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)
- Individual Release of Liability Form for Minors (ages 16-17)*
- Medical Release Form for Minors (ages 16-17)*
- HCRN House Rules
- Packing List for Trip
- Volunteer Skills Worksheet

**Please seek approval from the Volunteer recruiter to bring minors on your service trip*

**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 served in over 60 wildfire responses. Each year has brought more difficult challenges as we work to give the communities safe, healthy housing. We are currently operating in Butte, Plumas 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: painting, chalking, putting in appliances, framing, flooring and most importantly connecting with our homeowners.

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 the 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 return them 10 days prior to your 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 Recruiter
travis@hcrn.info
574-333-7728

HCRN—Volunteer Camps Northern California

Our Camp Hosts will greet your team upon arrival and will provide an orientation of your upcoming week. This will include dorm, camp facilities and the meaningful work that lies ahead for your team. The Volunteer Housing is located at:

**1289 Bille Rd
Paradise, CA 95969**

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.

Camp rate is \$450 per week. This is for your whole team, NOT per person.

HCRN will provide all materials and tools needed for work each day.

Your camp rate is **due 10 days prior** to your arrival unless arrangements are made in advance with the Volunteer Recruiter.

Please make checks payable to:

**HCRN
P.O. Box 1407
Paradise, CA 95967**

HCRN uses dormitory style housing with single beds. There will be separate accommodations for men and women. HCRN will provide bed linens, blankets, and pillows.

Multi-generational teams are a fantastic way for younger people to get involved in this work; however, most of HCRN's work will be construction and minors will not be able to use power tools. Please talk with the HCRN Volunteer Recruiter about bringing young adults on your trip.

Please, no minors without prior approval.

Your team will need to be prepared to cook your own meals, and create your own menus based on dietary needs of team members. It is recommended that team members pack a sack lunch each day to eat at the worksite. Please assign team members for cleanup following each meal.

Our staff tries to cook a meal for your arrival, on Sunday evenings. If you have any dietary restrictions, please inform HCRN ahead of time.

All volunteer teams are expected to keep clean and maintain common areas during their stay.

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

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

Volunteer Group Intake Form

Email-travis@hcrn.info

Phone-574-333-7728

The location and dates of the trip must be confirmed with the HCRN Volunteer Recruiter before completing this part of the Intake Form. Teams serving in 2023 are limited to 12 members.

This form is for serving in Paradise, CA.

Arrival Date: _____ Departure Date: _____

Team Leader (name): _____

Leader Cell #: _____

Team Leader email: _____

Team Leader mailing address: _____

Church/Organization Name: _____ Phone #: _____

Church/Organization Mailing Address: _____

Number of Volunteers coming:

Adult Men _____

Adult Women _____

Group Total: _____

Please seek approval for bringing minors on your service trip.

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 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 (check one): ___ Yes ___ No

I have a history of seizures (check one): ___ Yes ___ No

Provide helpful health information:

I consider myself healthy enough to fulfill my responsibilities on this volunteer trip (check one):
___ Yes ___ No

Signature of Volunteer: _____ Date: ___/___/___

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

**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 their partners permission to use any video or photos taken 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: _____

**Medical Release Form for Minors
HCRN**

Minor's Name: _____ Date: ____/____/____

Date of Birth ____/____/____

Health Insurance Company: _____

Policy # _____

Include copy of Insurance Card

Emergency Contacts

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Home Phone: _____

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

Permission to give Aspirin (check one): ____ Yes ____ No

Permission to give Tylenol (check one): ____ Yes ____ No

List all allergies to medication, food and environment:

Describe any medical conditions or limitations:

Team Leader's Name: _____ Trip Destination: Paradise, 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.

Parent or Guardian Signature: _____

Relation to Minor: _____

Date: ____/____/____

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

****HOUSE RULES****

- ❖ Quiet hours are between 10:30pm and 6am
- ❖ Meals are generally: Breakfast 7am, Lunch 12:30pm, Dinner 6:30pm
- ❖ Keep all common spaces tidy, and be considerate of other volunteers
- ❖ Computer access or Wi-Fi is available. Ask HCRN for username and 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.
- ❖ Family night is usually on Thursday evening. Please invite the families you serve to come and enjoy a meal and some great fellowship.

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.
- 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.
- 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

Duffle bag/suitcase – pack with adequate clothing for temperature changes

Work pants, recommended

Short and long-sleeved shirts, depending on the work

Personal hygiene items

Bath soap

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, feel free to bring it!

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, including clothing for recreation time.

