

Wesley Community Development Corporation
A United Methodist Organization
Serving the People of Western North Carolina
“Building Communities of Grace and Hope”

1321C Dixie Drive
Statesville, North Carolina 28677

(704) 924-8942 (800) 723-1005

Fax: (704) 883-0099

<http://www.wesleycdc.com>

Dear Volunteer,

Thank you for your interest in volunteering with Wesley CDC!

As a volunteer, you will be helping us meet our mission in providing affordable housing for low to very low income individuals and families. You will, we are sure, benefit from your volunteer experience.

To assist you with the volunteer process, we have put together this packet which includes our Prospective Volunteer Profile and other materials you will need to complete the volunteer process.

Please begin by printing and reading all enclosed material and by thoroughly completing the Prospective Volunteer Profile. A complete profile will allow us to respond promptly. After completing and signing the Profile, please send it to our office via postal mail, fax or as an email attachment.

On behalf of the staff at Wesley CDC, thank you again for your interest. If you have any questions, please feel free to contact me personally by phone or email at:

800-723-1005 or 704-924-8942, ext. 22
scummings@wesleycdc.com

Sincerely,

Sue Cummings
Volunteer Coordinator

SINGLE PERSON PROFILE FOR VOLUNTEERING

DATE _____

NAME _____

ADDRESS _____ CITY _____ STATE/ZIP _____

(NO YOUTH UNDER AGE OF 15 ALLOWED ON WORK SITES)

DATE OF MISSION 1ST CHOICE _____ 2ND CHOICE _____

LODGING DESIRED YES _____ NO _____

HAVE YOU READ THE ENCLOSED MATERIAL? YES _____ NO _____

SKILLS:

LICENSED IN THIS FIELD?

_____	CARPENTER	_____
_____	MASON	_____
_____	PLUMBER	_____
_____	ELECTRICIAN	_____
_____	CONTRACTOR	_____
_____	HEATING/AIR	_____
_____	HELPERS	_____
_____	HANDYMAN	_____

DO YOU HAVE ANY OTHER SKILLS? _____

OFFICE USE

DATES CONFIRMED **ARRIVAL** _____

DEPARTURE _____

WORK DAYS _____

LODGING CONFIRMED _____

4/4/02

HOUSE NO. _____

Form 2005-Team Application

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ADULT PARTICIPANT LIABILITY RELEASE

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Wesley Community Development Corporation serving the Western North Carolina Conference of the United Methodist Church.

I, _____, acknowledge and state the following:

I have chosen to travel to perform construction work designed to provide affordable housing.

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 other areas other than ground level. I 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 in need of affordable housing. **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 assume responsibility for all related medical costs and expenses.**

It will be understood by the volunteer that Wesley CDC **does not** maintain medical, disability, liability or health insurance coverage for volunteers. It is strongly suggested that each volunteer obtain his or her own medical, disability, liability or health insurance coverage.

In the event that my supervising construction organization arranges accommodations, I 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 from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold Wesley CDC and the Western North Carolina Conference of the United Methodist Church, 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, including any damages which may be caused by their negligence.

VOLUNTEER _____ DATE _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ MOBILE _____

EMERGENCY CONTACT _____

PHONE _____

VOLUNTEER MUST KEEP THIS INFORMATION ON SITE TO USE IN CASE OF EMERGENCY

NAME: _____

ADDRESS _____ PHONE # _____

MY BLOOD TYPE IS _____

LIST ANY PRECRIPTIONS YOU ARE PRESENTLY TAKING

1. _____
2. _____
3. _____
4. _____

LIST ANY ALLERGIES YOU MAY HAVE

1. _____
2. _____
3. _____

EMERGENCY CONTACT:

NAME _____

ADDRESS _____ PHONE# _____

RELATIONSHIP TO VOLUNTEER _____

LIST ANY PHYSICAL LIMITATIONS

1. _____
2. _____
3. _____

ARE YOU DIABETIC? YES _____ NO _____

DO YOU HAVE SEIZURES YES _____ NO _____

SIGNATURE OF VOLUNTEER _____

DATE _____

JOB SITE _____

NAME _____ PHONE _____

PLEASE KEEP A LOG OF YOUR HOURS

DATE

TIME IN

TIME OUT

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

STATEMENT OF UNDERSTANDING

I understand I will need to be patient, understanding and flexible and that the task may be affected by weather, availability of supplies, inspections and other factors unknown to me. Thus, flexibility is essential.

Therefore, in order to provide the maximum assistance to those I come to serve, I am willing to work where assigned, and if needed, to be moved to another location where the need is more urgent, even though the first project assigned may not be completed.

EVALUATION

Please fill out this Evaluation Form the last evening of your work week
and give it to the Volunteer Coordinator

Name _____

Area Served _____ Dates Served _____

1. What motivated you to become involved with this project?
2. Were your objectives for this mission met?
3. How was your reception when you arrived to work?
4. Did you have adequate advance information about the project?
5. Did you get an adequate orientation to your work site?
6. Did you complete today's/the week's task? Y _____ N _____
7. If NO, what is left?
8. Was special equipment available if needed? Y _____ N _____ If NO, what was needed?
9. Did you have any problems? Y _____ N _____
10. If YES, what were they and how can we improve on the situation?
12. What could we do to improve your experience with us?

ITEMS TO BRING

Water bottle/jug/cooler

Lunch

Hat

Disposable face masks

Heavy work shoes/boots (flip flops and sandals are not allowed)

Gel sanitizer

Old work clothing

Suntan Lotion

Insect Repellent

Safety goggles

Suggested clothing for onsite volunteers

Although Wesley CDC does not have a required dress code per se, it is highly suggested that for safety sake, the volunteer wear clothing appropriate to construction.

- Old work clothing (long pants unless it is extremely hot)
- Long sleeved shirts/blouses (T-shirts are ok if you are comfortable in them)
- Heavy work shoes/boots (**sandals and flipflops are not allowed**)
- Hat for sun protection
- Bug repellent

Wesley CDC will supply a water jug for the volunteers, but if you want to keep other things cold, you may want to bring a cooler with ice.

Wesley CDC will also supply eye protection, ear protection, and gloves. However, if you are more comfortable with your own things, that will be fine also.