

**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

**MISSION TEAM PROFILE**

DATE \_\_\_\_\_

NAME OF CHURCH/GROUP \_\_\_\_\_ CONFERENCE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE: HOME \_\_\_\_\_

ADDRESS \_\_\_\_\_ OFFICE \_\_\_\_\_

\_\_\_\_\_ FAX \_\_\_\_\_

NUMBER OF VOLUNTEERS \_\_\_\_\_ ADULT \_\_\_\_\_ YOUTH \_\_\_\_\_  
**(NO YOUTH UNDER AGE OF 15 ALLOWED ON WORK SITES)**

DATE OF MISSION            1<sup>ST</sup> CHOICE \_\_\_\_\_ 2<sup>ND</sup> CHOICE \_\_\_\_\_

LODGING DESIRED            YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU READ THE ENCLOSED MATERIAL?    YES \_\_\_\_\_ NO \_\_\_\_\_

SKILLS OF TEAM MEMBERS (LIST NUMBER OF PEOPLE IN EACH AREA)

ARE THEY LICENSED IN THIS FIELD?

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

WHAT OTHER SKILLS DOES YOUR TEAM HAVE? \_\_\_\_\_

WHAT OTHER WORK TEAM EXPERIENCE DOES YOUR TEAM HAVE? \_\_\_\_\_

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**OFFICE USE**

**DATES CONFIRMED**            **ARRIVAL** \_\_\_\_\_

**DEPARTURE** \_\_\_\_\_

**WORK DAYS** \_\_\_\_\_

**LODGING CONFIRMED**            \_\_\_\_\_ **HOUSE NO.** \_\_\_\_\_

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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 \_\_\_\_\_

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**LIABILITY RELEASE FOR YOUTH BY PARENTS OR LEGAL GUARDIANS**

( Please fill out one for each minor on the team.)

*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:

That my minor child \_\_\_\_\_ (between the ages of 15 and 18) has my permission to travel to perform construction work designed to provide affordable housing. It is the policy of Wesley CDC that no one under the age of 15 be allowed on the worksite while construction is in progress. It is also stated that while children between the ages of 16 and 18 may be allowed to participate in construction work, ultra hazardous activity such as using power tools, excavation, demolition or working on rooftops is strictly prohibited.

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.

**Release and Waiver**

I understand that my child is engaging in this project at their 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 child and or their property or any personal injury that they may sustain while involved in this project and any and all related medical costs and expenses thereafter.** It will be understood by the parents or legal guardian that Wesley CDC **does not** maintain medical, disability, liability or health insurance coverage for volunteers. It is strongly suggested that each volunteer have his or her own medical, health, disability, or liability insurance coverage.

In the event that the supervising construction 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 children are 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 child’s participation in this project, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

PARENTS NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE(HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_ (WORK) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

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**WORK TEAM ROSTER**

DATE \_\_\_\_\_

JOB SITE \_\_\_\_\_

GROUP CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

CHURCH/ORGANIZATION AND  
LOCATION \_\_\_\_\_

**TEAM MEMBERS**

	NAME	DATE	TIME IN	TIME OUT
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____
9.	_____	_____	_____	_____
10.	_____	_____	_____	_____
11.	_____	_____	_____	_____
12.	_____	_____	_____	_____

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**Personal Medical Information**

(To be filed out by each team member)

**MISSION TEAM LEADER MUST RETAIN THIS INFORMATION ON SITE TO USE IN CASE OF EMERGENCY**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

MY BLOOD TYPE IS \_\_\_\_\_

LIST ANY PRESCRIPTIONS 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 \_\_\_\_\_

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## **PERSONAL ITEMS YOU NEED TO BRING**

Sheets	Water bottle/jug/cooler
Blankets	Change of clothing for after work
Pillows	First aid supplies
Personal hygiene items	Medical Releases
Towels and washcloths	Heavy work shoes/boots
Sleeping bag/air mattress or pad/pillow	Gel sanitizer
Old work clothing (long pants)	Hat
Long sleeved shirts/blouses	Suntan Lotion
Insect Repellent	Disposable face masks
Safety goggles	
Portable DVD or VCR if wanted	

## **ITEMS EACH TEAM NEEDS TO BRING**

**At the present time we are set up to fully house 24 people (12 in each mobile home) and do have cooking utensils, silverware, dishes, and pots and pans as well as some of those items listed below. If there are specific items that you will need and are not sure that we have it, you may want to bring it to be on the safe side.**

Paper towels	Bowls
Toilet Paper	Coffee Filters
Paper Plates	Baggies
Plastic Silverware	Garbage Bags
Napkins	Plastic Wrap
Paper cups	Aluminum Foil
Food to prepare	

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## **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 (**sandles 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.

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## **A Covenant for Success**

We are privileged to have the opportunity to serve our great God by being volunteers in mission. Our primary purpose as volunteers is to radiate the love of Jesus Christ. We are to invest ourselves in this mission and honor God in all we do.

We will need to be flexible, adaptable, sensitive and patient. There will be times when we may have to hurry and get things done, but we will have delays. We will make the best of the quiet time to rest, get acquainted with the people you will be working with, and to plan the next days activities.

Cooperation is the key to success. We will need to cooperate with many, varied persons and conditions. Smile, a happy positive attitude will go a long way, especially on day's when the weather does not want to cooperate.

### **On Site Guidelines**

No alcohol, drugs, or other illegal substances.

Refer to the leader, any changes, suggestions or concerns.

Work to acceptable standards. Do the best you can if not better!!

Ask questions if you don't know how or what to do next. Remember there is no such thing as a stupid question.

Don't assume you know the entire building plan. Ask before starting anything so we know we are all on the same page.

Wear modest clothing—shoulders covered and loose fitting shorts that are long enough to come mid thigh—sensible and safe shoes. If you will be working outside in the hot sun, please bring sunscreen.

Foul or undesirable language is not permitted.

Keep workspace and living space neat and clean.

Don't criticize, gossip, or start rumors.

As always, be careful when you are out and about. Use the buddy system and let someone know where you will be going and how long you will be gone.

Most of all have fun and spread the word.

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## **RULES OF THE HOUSE**

1. Please empty all trash from the housing units daily. Trash left lying on porches and outside attracts animals and causes further problems.
2. Please wash and put away all pots, pans, dishes, etc.
3. Please wash and dry all dishtowels, etc. that have been used.
4. Please wipe down all counters and clean bathrooms (tub, sink and toilet) thoroughly before leaving.
5. Please sweep and mop all floors.
6. Please vacuum the carpets.
7. Please turn off all lights and appliances before you leave.
8. **Please turn the heat to 60 degrees when you leave; if air conditioning was used, please leave it a comfortable level (80) unless otherwise specified.**
9. Please make sure all doors and windows are locked. Please return keys to the lock box located on the right side of the deck
10. Please do not leave food in refrigerator and make sure that it is clean.

**PLEASE REMEMBER THAT SOMEONE COULD BE MOVING INTO THE HOUSING AREA YOU ARE OCCUPYING SOMETIMES IMMEDIATELY UPON YOUR DEPARTURE. THERE IS NOT ENOUGH STAFF OR TIME FOR US TO CLEAN EACH AREA BETWEEN TEAMS. PLEASE COOPERATE WITH US AND INCLUDE CLEANUP TIME IN YOUR PLANS BEFORE DEPARTURE FROM THE AREA.**

**PLEASE EXPRESS OUR APPRECIATION TO EACH MEMBER OF YOUR TEAM. IT IS ONLY THROUGH THE CONTINUED SUPPORT OF TEAMS SUCH AS YOURS THAT WE CAN ACCOMPLISH GOD'S MISSION FOR US. WE LOOK FORWARD TO YOUR RETURN TO ASSIST US AGAIN. GOD BLESS EACH AND EVERYONE OF YOU.**

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**EVALUATION**

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

Name of Team Leader \_\_\_\_\_

Name of Organization \_\_\_\_\_

Area Served \_\_\_\_\_ Dates Served \_\_\_\_\_

1. What motivated you or your team 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?
11. Did you have adequate housing? Y \_\_\_\_\_ N \_\_\_\_\_
12. What could we do to improve your team's or another team's experience with us?
13. Please comment on the following:
  - A. The most important part of the week was:
  - B. Additional comments that you believe will be helpful to us. (Use back of page if additional space is needed)

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### **STATEMENT OF UNDERSTANDING**

I understand my team will need to be patient, understanding and flexible. Our purpose as a mission (to share Christ's love in ways that make a Christian difference), can be accomplished in many ways. I understand our 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 our team comes to serve, we are 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.

As team leader, I have shared this Statement of Understanding with each of my team members. Each has agreed to approach our mission with an open heart and mind and to accept each assignment as part of God's work.

---

Signature of Team Leader

Date

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**MEMORANDUM**

**Local Hospital Information**

**Davis Regional Medical Center**

218 Old Mocksville Rd.

(704) 838-7604

From Housing:

Take Hwy 90 back to the main road and take a left onto 64/90.

Go to I-40 East and go to the 5<sup>th</sup> exit (154)

At exit 154 take ramp right and follow signs for Old Mocksville Rd.

Turn left onto NC 2158/Old Mocksville Rd North

Hospital is located at the light.

**Iredell Memorial Hospital**

557 Brookdale Drive. At Hartness Road

I-40 Exit 151

(704) 873-5661

From Housing:

Take Hwy 90 back to the main road and take a left onto 64/90.

Go to I-40 East and go to exit 151. Take ramp right for US-21 toward East Statesville/Harmony

Turn right onto US 21/Sullivan Road

Turn right onto N. Carolina Ave.

Turn left onto Brookdale.

Hospital is on your right.

**Iredell Eye Center**

646 Hartness Road

I-40 Exit 151

(704) 872-4108

From Housing:

Eye center is across the street from the hospital.