



Vessels of Mercy International, Inc.

...offering help and hope in Jesus Christ

Dear Friend,

Thank you for your interest in our Disaster Relief Team. As with all of our efforts, the bottom line of this team is to share the Good News of Jesus Christ.

Below you will find a complete overview describing our Disaster Relief Team and explaining how you can join us to lend a helping hand to the victims of disasters. Please read this information carefully before completing the application.

The application is a two part application the first portion is for Vessels of Mercy International and the second is for our partnership with Samaritan's Purse. **The application must be submitted in it's entirety with all areas completed in order for us to consider you for the Disaster Relief Team.** If you have any questions, please contact our office.

Serving Him with Joy,

Bev. Gibson, DH, Min.
Founder/President

Transforming lives with a touch of His mercy...
One heart...One life at a time !

Mailing Address: 2532 Thicket Greene Richmond, VA 23233 804-740-4575
info@vesselsofmercy.org

A Christian non-profit relief & development organization

Disaster Relief Team **Project Overview**

Vessels of Mercy Intl. Disaster Relief Team offers immediate assistance to victims of war, poverty, natural disasters and disease both stateside and internationally. Coordinating with other relief agencies and partnering with Samaritan's Purse, we provide food, water, clothes, medical assistance and other disaster aid.

In recent years, we have provided help to victims of the Tsunami, Hurricane Charlie and Katrina. We also assisted people devastated by the massive flooding in Virginia and North Carolina. By going into affected regions to work with Christian partners, we build relationships to gain an opportunity to share the Gospel.

Presently, we are identifying skilled volunteers with a strong Christian commitment who are able to participate in emergency response on short notice. When a disaster is identified, the Volunteer Coordinator will contact officials in the affected area. Where there is a need, the Coordinator will then contact volunteers and gather necessary materials. The volunteers will travel to the affected areas, where they will join with a Field Coordinator who will be in charge at the disaster site. Vessels of Mercy Intl. staff will assess the scope of work and assign jobs at the site. A large volunteer crew is required so we can have 15-30 people serving each week following a disaster.

The Disaster Relief Team needs committed Christians - both men and women- with varied talent and skills. Some jobs require hard, manual labor under adverse conditions, such as cutting trees, moving debris, cleaning out, and repairing homes. Less strenuous, but no less important tasks, include cooking, paperwork, maintaining equipment and general work as needed.

What is required of volunteers?

- All volunteers are required to complete an application, skills lists and release of liability before acceptance.
- Volunteers are expected to assist with one disaster every three years in order to remain on our active list.
- Volunteers are expected to pay their own way to and from their homes to the disaster site. Vessels of Mercy Intl. may arrange sleeping accommodations, meals, and shower facilities when available. All volunteers are expected to pay their portion of these arrangements.
- Volunteers should expect to spend at least three days at a disaster site.
- Volunteers should honor Christ in their words and actions. A devotional time is scheduled for volunteers and a priority is placed on sharing the gospel with those with whom we come in contact.
- Volunteers are required to submit to the leadership and authority of said organization.

If you need additional information before proceeding to complete the application, please feel free to contact us.



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U.S. and International Disaster Relief Team Application and Information

Vessels of Mercy International is a non-profit, inter-denominational organization committed to providing spiritual and physical aid to hurting people around the world. Since 1998, we have helped meet the needs of victims of war, poverty, natural disasters, and disease with the aim of sharing God's love through Jesus Christ.

Disaster Relief Team

Vessels of Mercy Intl. Disaster Relief Teams offer immediate assistance to victims of major natural disasters, war, poverty and/or disease. By going into affected regions to work with Christian partners, we build relationships to gain an opportunity to share the Gospel.

Christian volunteers will assist in the recovery and emergency medical needs for those who cannot help themselves. This form is a part of identifying volunteers who are willing and able to participate in emergency response activities on short notice.

DISASTER RELIEF TEAM APPLICATION

(Please print or type)

Full Name (as it appears on your passport): _____

Address: _____ Social Security # _____

_____ Home Phone _____

E-mail _____ Office Phone _____

Cell phone or pager: _____ Fax _____

Occupation: _____ Date of Birth _____

Drivers License # _____ Employer: _____

Citizenship _____ T-Shirt Size _____

Position Applying for (Check One)

U.S. Relief Team _____ Both (U.S. and International) _____

International Relief Team _____ Number of Weeks available _____

Estimated time needed to respond to a disaster: _____

Do you have a valid passport? Yes _____ No _____ **If so, please enclose a clear photocopy.** Please make sure you apply or renew immediately, if you answer is "No".

Brief explanation of why you desire to be a volunteer:
(Use the back if necessary)

Have you ever been involved with Vessels of Mercy International?
(If yes, when and where)

Have you ever been involved in Disaster Relief with any other organization?
(If yes, when and where)

CHRISTIAN EXPERIENCE

Church Member Yes _____ No _____ Denomination _____

Name of Church _____ Telephone No. _____

Church Address: _____

Pastor's Name: _____

Office Held/Activities in Church: _____

Religious organizations other than Church: _____

Basic Statement of you personal Christian Testimony:
(Use the back if necessary)

Agreement:

I understand and agree that this trip is outreach and service. I will participate as part of a team effort and I will do my best not to complain. I will show respect for team members and those whom we serve. I will dress and behave appropriately and obey the laws of the country where we are serving. I will follow advised safety precautions given to me before and during the trip. I concur with the following: "I know Christ as my personal Savior and desire to share Christ with people who are ministered to through Vessels of Mercy International."

I hereby certify that the answers given and statements made are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Witness: _____

Volunteer Disaster Relief Team Application
Skills Summary Information Sheet

Name: _____

Skills: (on a scale of 1-5 with 5 being the highest please list your level of skill in the following areas, list all that apply)

- Carpentry _____
- Electrical _____
- Plumbing _____
- Masonry _____
- Roofing _____
- Painting _____
- Sheetrock-drywall _____
- Carpet _____
- Ceramic Tile _____
- Landscaping/Tree Cutting _____
- Organization/Admin. _____
- Heating/Air Condition _____
- Mechanical _____
- Computers _____
- Doctor _____
- Nurse _____
- EMT/Paramedic _____
- Med Tech. _____
- Communications _____
- Cooking _____
- Photography _____
- Videography _____
- Evangelism _____
- Counseling _____
- General Helper _____

Other (Please List): _____

Comments:

Disaster Relief Team
Application – Health Questionnaire

Name: _____

Date of Birth: _____

Social Security No.: _____

Physician: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Pager #: _____

In Case of Emergency, Notify:

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Relationship: _____

Health Insurance Information:

Company Name: _____

Group #: _____

Phone #: _____

- Most insurance companies do not cover you outside of the U.S., to get insurance coverage for a short-term project call:

Insurance Services of America 1-800-647-4589
Mark Sneed

Disaster Relief Team
Health History

Please answer all questions by checking yes or no and complete the blank spaces when indicated. Answers to the following questions are for our records only and will be kept Confidential.

- | | Yes | No |
|---|-------|-------|
| 1. Are you in good health? | _____ | _____ |
| 2. Has there been a change in your general health within the past year? | _____ | _____ |
| 3. My last physical examination was: _____
(date) | | |
| 4. Are you now under the care of a physician?
If so, what is the condition being treated? _____ | _____ | _____ |
| 5. Have you had any serious illness, operation, or been hospitalized in the past 5 years?
If so, what was the problem? _____ | _____ | _____ |
| 6. Do you have or have you had any of the following diseases or conditions? | | |
| • Has there been a change in your health w/in the past year? | _____ | _____ |
| • Allergy/ allergic reactions? _____ | _____ | _____ |
| • Asthma or Hay fever? | _____ | _____ |
| • Hives or skin rash? | _____ | _____ |
| • Fainting spells? | _____ | _____ |
| • Diabetes? | _____ | _____ |
| • Hepatitis? | _____ | _____ |
| • Stomach Ulcers? | _____ | _____ |
| • Kidney Problems? | _____ | _____ |
| • Heart Problems? | _____ | _____ |
| • Back Problems? | _____ | _____ |
| • Arthritis? | _____ | _____ |
| • Eating Disorder/ Addictions | _____ | _____ |
| 7. Do you have a blood disorder, such as anemia? | _____ | _____ |
| 8. Are you taking any drugs or medications?
If so, what? _____ | _____ | _____ |
| 9. Do you have any disease, condition, or problem not listed above that you think we should know about? _____ | | |
| 10. What is your blood type? _____ | | |
| 11. When did you receive your last tetanus immunization? _____ | | |
| 12. Have you received Hepatitis B immunization? | _____ | _____ |

Additional Comments: _____

I certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers to questions are true and correct to the best of my knowledge and belief.

Signature of Applicant (Use Ink)

Date

Disaster Relief Team
Medical Release

FOR COMPLETION BY PHYSICIAN (If you are under the care of a physician for any physical or mental condition, he/she must complete the following):

I have examined _____ and find him/her to be in good general health and physically able to take part in the Vessels of Mercy Intl. Disaster Relief project to _____.

Dates: _____ through _____

Doctor's signature: _____ Date: _____

EMERGENCY MEDICAL RELEASE

All participants must complete this release and Participant must sign in the presence of a Notary Public:

In case of unconsciousness, or inability to release myself for medical treatment resulting from illness, injury, or an accident while on the project which requires medical attention, I, _____, give my permission to Vessels of Mercy International, Inc. and/or its representative (s) and all attending health professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to receive medical treatment, to hospitalize, anesthetize, or perform surgery on me as is required.

I, _____, the undersigned, do release, acquit, discharge and covenant to hold harmless Vessels of Mercy International, Inc. and/or its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my participation on this project. It is the intention of this release that the above named and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require during this project.

Participant Signature: _____ Date: _____

State of _____, County of _____. Sworn to and subscribed to me this _____ day of _____, 20__.

Notary Public Signature: _____

My Commission Expires: _____

Participant Liability Release Form

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of a volunteer service with Vessels of Mercy Intl. Disaster Relief Team.

As a volunteer with Vessels of Mercy Intl., I confirm that I am not an employee. I, _____, in consideration of my acceptance as a short-term volunteer on a missions project sponsored by the said organizations acknowledge and state the following: I have chosen to perform clean-up/construction and/or medical services work resulting from natural disasters, war, poverty and/or disease.

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 and attest that I have no medical condition that would prevent me from performing my duties, 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 and I assume the risk of any personal injury, damages, or loss whether physical, mental, or emotional. I understand that this is a “grass roots” activity to support individuals adversely affected. I assume personal responsibility for any damage or injury to my property or any personal injury that I may sustain while involved in this project, and related medical costs and any other expenses. I understand it is my responsibility to provide my own health, disability and accident insurance in the event of any illness or injury experienced during this volunteer mission.

In the event that Vessels of Mercy Intl. arranges accommodations, I understand that they are not responsible for my personal effects and property that they will not provide lock-up or security for any items. I will not hold them accountable in the event of theft or loss resulting from 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 that time.

I am aware of the hazards and risks to my person and property associated with serving in a mission capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my assignment with full awareness of these risks and, subject to any insurance coverage that may be available to me from any source, and only with respect to the Organization and its agents, officers, directors, and employees, I voluntarily assume all risks, and any damage to my personal property, and I release this organization and its agents, officers, directors, and employees from any liability whatever arising as a result of death, injury, or illness that I may suffer as a result of participation in the missions project. I further recognize that such risks have always been associated with missionary service. 2 Cor. 11:23-28.

I understand that this form will remain in effect for this project and all future projects unless written notice is given by me to a representative of Vessels of Mercy Intl. By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever

hold Vessels of Mercy Intl. 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.

I am aware of the hazards and risks to my person associated with participation in a short-term mission trip, as described above. I further understand that this organization may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my property that may occur during my participation on the trip, and that if I desire insurance coverage I am responsible for the cost of such insurance.

I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that I have carefully read the foregoing assumption of risk and understand its contents, and I voluntarily sign this release as my own free act. This is a legal document and I understand that I have the opportunity to consult with an attorney before signing it.

Date: _____

Signature: _____

Address: _____

City: _____ ST _____ Zip _____

State of _____

County of _____

On this, the _____ day of _____, 20__, before me, _____, a Notary Public in and for said state personally appeared _____, known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purpose therein stated.

Notary Public

Commission Expires

SAMARITAN'S PURSE FIELD STAFF INFORMATION FORM

All Samaritan's Purse field staff who have been assigned to projects must complete and submit this form as a supplement to the original individual or team application.

Personal Information

NAME: Last First Middle Preferred/Nickname

DATE OF BIRTH: (month/day/year) _____

SEX: (circle one) Male Female

SOCIAL SECURITY NUMBER: _____

DO YOU HAVE A VALID PASSPORT? Yes No
(if so, please enclose a clear photocopy)

NAME & NUMBER AS ON PASSPORT: _____

PLACE PASSPORT ISSUED: _____ DATE PASSPORT ISSUED: _____

PASSPORT EXPIRATION DATE: _____

ARE YOU LICENSED TO DRIVE? Yes No

T-SHIRT SIZE: _____

FAMILY INFORMATION

MARITAL STATUS; (circle one) Single Married Separated Divorced Widowed

SPOUSE'S NAME: _____

CHILD(REN)'S NAME (S) & AGE (S)

PARENT'S/GUARDIANS' NAMES: (for student internship applicants only)

WHAT IS YOUR FAMILY'S ATTITUDE CONCERNING YOUR SERVING IN THIS CAPACITY?

HEALTH

RATE YOUR HEALTH: (*circle one*) Excellent Good Fair other

Has there been a change in your health within the last year?

Yes No

If so, please describe: _____

My last physical examination was: (*date*) _____

Are you now under the care of a physician?

Yes No

If so, what is the condition being treated? _____

Have you had any serious illnesses, operations, or been hospitalized in the past ten years?

Yes No

If so, what was the problem? _____

Do you have or have you had any of the following diseases or problems?
(*circle those that are applicable*)

Epilepsy

Hives or Skin Rash

Allergies/Asthma/Hay fever

Fainting Spells

Diabetes

Hepatitis/Jaundice/Liver Disease

Arthritis

Stomach Ulcers

Kidney Problems

Heart Problems

Back Problems

Blood Disorders or Anemia

Are you taking any drugs or medications?

Yes No

If so, what? _____

What, if any, allergies or allergic reactions do you have? _____

List any diseases, conditions, dietary concerns, or problems not listed above that you think we should be aware of: _____

What is your blood type? _____

Indicate dates that you have been immunized for the following:

Hepatitis A _____

Hepatitis B _____

Diphtheria _____

Tetanus _____

Yellow Fever _____

Meningococcal Meningitis _____

Oral Typhoid _____

(*Note: If assigned to a malarial area, you will need to take a malaria prophylaxis. Consult your physician for recommendations.*)

Family Physician

Name: _____
Street: _____
City/Town: _____ State _____ Zip _____
Phone: () _____ Fax: _____ Email: _____

Do you have comprehensive health/medical insurance? Yes No

If yes, with whom? _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship _____
Street: _____
City/Town: _____ State _____ Zip _____
Phone: () _____ Fax: _____ Email: _____

RELEASE

I, the undersigned, hereby certify that the answers given and statements made on this form are true and correct.

I realize that in accepting a term of service, I assume the risk of injury or damage and understand that my assignment may involve difficulties, hazards, and dangers. I further realize that some assignments may involve strenuous activity, and I certify that I am in good health and physically able to perform such work. I also have a clear understanding that Samaritan's Purse does not assume responsibility for loss or theft of or damage to my property, personal harm, injury or illness that may come to me or those who travel with me.

I, for myself, my heirs, executors, administrators, and assigns, in consideration of my admission to serve, and other good and valuable considerations, do hereby release and forever discharge Samaritan's Purse, its directors, officers, and employees from liability for any claim or demand which I, or my heirs, executors, administrators, or assigns might otherwise assert upon the basis of any of the foregoing. I agree to hold Samaritan's Purse harmless from any claim that might arise out of any acts performed by me while serving.

Applicant's Signature

Date

Parent's/Guardian's Signature
(if applicant is under 18 years old)

Date

Vessels of Mercy International

CODE OF CONDUCT

Please read & place your initials by each statement below:

As a Vessels of Mercy Intl. team member I realize the important role I play as an example to those in the United States and abroad. I understand that I represent not only my local church, but Vessels of Mercy International, and the United States as a whole.

I understand the Vessels of Mercy Intl., official statement of abstinence from alcohol, tobacco, and controlled substance use and /or abuse. In respect to God, Vessels of Mercy Intl., and its missionaries, national church and ministry partners that I will be ministering to, I will refrain from:

_____ The purchase and/or use of any kind of alcoholic beverage

_____ The purchase and/or use of any tobacco products or gambling products

_____ The purchase and/or use of any other controlled substance
(Does not include the use of personal medications, as prescribed by a doctor, or the use of necessary over-the-counter medications such as Aspirin, Tylenol, Pepto-Bismal, etc.)

I _____, have read and understood the above policy. I promise to forgo my personal convictions on the subject in order to maintain unity and to avoid controversy in the body of Christ.

Signed: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Vessels of Mercy International

Sign Off Sheet For Photographs And Videos Taken On Trips

As a team member and/or leader associate with Vessels of Mercy International, Inc.(VOMI), I agree that all recordings, photographs and images captured during the trip are the property of Vessels of Mercy International, Inc.

I agree to make all recordings, photographs and images I capture during my trip available to VOMI for duplication at the expense and discretion of VOMI. I grant permission to VOMI to use images or recordings captured of me during the trip without recompense or further notification. Photos will be available for personal use and/or publication in any published print or film media without the express consent in writing from VOMI.

Signing this contract is mandatory towards further consideration for being part of a VOMI team here in the USA or overseas.

Name: _____ Date: _____

Reviewed by: _____ Date: _____

By signing the above contract, the person agrees to the terms of the contract.

- Please note that upon return, you need to have your photos burned onto discs and mailed to the office in a timely fashion. Usually two weeks is a good time frame. Thanks!