

Convoy of Hope Disaster Response Volunteer Application Packet

Thank you so much for expressing an interest in Convoy of Hope Disaster Response efforts. As a faith based organization, Convoy of Hope mobilizes, equips and trains churches and other groups to conduct community outreaches, respond to disasters and direct other compassion initiatives in the United States and around the world. Because of people like you who are willing to volunteer and make the needs of others a priority, the footprint of Convoy of Hope Disaster Response efforts is ever growing.

We have many volunteer opportunities available. Please read through the options listed in this application and join us in efforts to bring help to those in need.



The purpose of the C.A.R.R.S. is to provide a system of communication support to Convoy of Hope, affiliated agencies and volunteer groups during commercial communication disruptions after major storms. Visit us at www.k2car.net.



In addition to C.A.R.R.S., page 4 contains a list of Go Team opportunities available to you. Following major disasters, Convoy of Hope Go Teams work 'on the ground' to immediately assess damage, deliver supplies and also remove debris in storm impacted towns. Following Hurricanes Gustav and Ike, we served supplies to 1.2 million people in one month through volunteers and local churches.

The C.A.R.R.S. and/or Go Teams application process is as follows:

- 1) Fill out this PDF application.
- 2) Rename & save a copy to your own computer.
- 3) Email the PDF, along with any questions, to us as an attachment at: carrs@convoyofhope.org.
- 4) Upon receipt and review of your application, we will reply to you with any necessary information based upon your cited interests.
- 5) If you prefer to fax instead of email, you may also fax it to us at 417-447-1074.



For general questions regarding disaster response, email us at carrs@convoyofhope.org.

Thank you for your time and interest. We look forward to working with you in the field!



Amateur Radio Operator – Volunteer Service Application

Please PRINT or TYPE all information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
	<i>First Name</i>	<i>Last Name</i>	<i>Call Sign</i>	<i>Email</i>
<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phones – Home</i>		<i>Work, Extension</i>	<i>Cell</i>	
1. My license class is <input type="checkbox"/> Technician <input type="checkbox"/> Extra <input type="checkbox"/> General <input type="checkbox"/> Advanced		2. I am a volunteer or member with <input type="checkbox"/> ARES <input type="checkbox"/> ARRL <u>Other:</u> <input type="checkbox"/> RACES <input type="checkbox"/> SATERN		
3. <input type="checkbox"/> Yes <input type="checkbox"/> No I have had Storm Spotter Training by the National Weather Service. <input type="checkbox"/> <input type="checkbox"/> If so, when?				
4. <input type="checkbox"/> <input type="checkbox"/> I am a member of Skywarn. Approximate initial membership date is:				
5. <input type="checkbox"/> <input type="checkbox"/> I have had training or experience in passing radio messages in emergency situations.				
6. Briefly describe your training or experience referred to in Item 5. (You may use back side of this page.) _____				
7. What best describes your ham radio activity (check all that apply)? <input type="checkbox"/> I usually operate on VHF or UHF through repeaters or simplex. <input type="checkbox"/> I have experience as an HF operator. <input type="checkbox"/> I have sometimes worked DX on HF bands. <input type="checkbox"/> I have used digital modes such as packet or PSK <input type="checkbox"/> Other experience (describe) - _____				
8. What best describes your radio equipment? <input type="checkbox"/> 2 meter HT Antennas Power sources <input type="checkbox"/> 2 meter mobile <input type="checkbox"/> VHF magnetic mounts, etc. <input type="checkbox"/> Battery <input type="checkbox"/> HF <input type="checkbox"/> HF dipoles <input type="checkbox"/> Generator (kw _____) <input type="checkbox"/> HF mobile <input type="checkbox"/> HF mast and/or vertical <input type="checkbox"/> Solar panels <input type="checkbox"/> HF/with 2 meters? <input type="checkbox"/> HF and/or VHF portable <input type="checkbox"/> 110v AC (only)				
9. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a CW operator? <input type="checkbox"/> <input type="checkbox"/>				
10. <input type="checkbox"/> <input type="checkbox"/> Can you take your equipment and operate independent of your vehicle?				
11. <input type="checkbox"/> <input type="checkbox"/> Do you have a laptop computer?				
12. <input type="checkbox"/> <input type="checkbox"/> Do you have a portable printer with cables?				
13. <input type="checkbox"/> <input type="checkbox"/> Do you have digital capability, i.e., Echo Link? If so, with what programs? _____				
14. Digital skill level <input type="checkbox"/> Beginner <input type="checkbox"/> Need little help <input type="checkbox"/> Experienced and can help others				
15. Where could you serve as a Convoy of Hope communications volunteer? <input type="checkbox"/> I could travel to a disaster location to stay as long as needed. <input type="checkbox"/> I could commute to a nearby disaster location within 200 miles for a few days at a time. <input type="checkbox"/> As needed, at the Springfield headquarters to assist with emergency traffic. <input type="checkbox"/> If none of these best describe what you could do, please describe. (You may use back side of this page.) _____				
16. <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any medical condition(s) that would affect your ability to operate in adverse conditions or over an extended period with little sleep? <input type="checkbox"/> <input type="checkbox"/> If so, describe briefly. _____				

Amateur radio operators are recruited mainly for their skills and background in handling emergency traffic. However, you might be asked to perform other volunteer duties, if there are no pressing radio duties. Our mission is to serve those in need, and that always comes first.

Release and Indemnity Agreement

I do hereby represent and acknowledge that I am entering upon a volunteer assignment with others, and that as a volunteer am paying my own expenses, including insurance, for the purpose of helping in times of disaster. I am aware that the work may at times be hazardous and somewhat arduous and will be performed by concerned volunteers and qualified professionals trained in disaster work; that vehicles transporting said volunteers will be operated by volunteers, who may or may not be professional drivers.

I recognize and acknowledge potential accidents at the disaster site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the disaster relief team; am fully aware of possible injuries to members of the disaster response team, including myself.

Therefore, I desire to protect, release, acquit, indemnify and hold harmless Convoy of Hope and its partnering organizations and individuals from any and all claims, injuries, damages, losses, expenses or attorney fees incurred by me, my heirs, administrators, executors or assigns. Agreements with said partnering organizations or individuals may be either oral or written.

For and on behalf of myself, my heirs, administrators, executors, assigns, and all other persons, firms or corporations, I do hereby release and discharge from liability all other persons on the disaster response team with me, those who notified, selected, or assigned me to the said team, Convoy of Hope, its employees and representatives, successors or assigns, from any claims, demands, damages, actions and causes of actions which I, the undersigned, have or may have hereafter, and on account of, or any way growing out of injuries or damages both to persons or property resulting or that may hereafter result from the voluntary venture.

I hold Convoy of Hope harmless of any liability, criminal or civil, that may arise as a result of the release of this information about me. I also hold harmless any individual or organization that provides information to the above mentioned agency. I understand that Convoy of Hope will use this information only as part of its verification of my volunteer application.

Volunteer Name _____

Date: ____/____/____

I accept all of the above mentioned terms and conditions.

Minors

If the team member is a minor of 16 or 17 years of age, the release form MUST also be signed by a parent or guardian. Please sign all forms as the witness. Team members should NOT be under the age of 16 even when accompanied by a parent who will accept full responsibility for the child.

Insurance

Each volunteer is expected to have medical insurance in case of accident, injury, or illness and personal liability insurance coverage. No insurance coverage is provided to volunteers by Convoy of Hope. Personal liability is the responsibility of the volunteer.

Privacy Policy

Please note this information will be used only in making volunteer assignments or in the unlikely event that you should experience a medical or other emergency. No insurance coverage is provided to volunteers by Convoy of Hope. All insurance including, but not limited to, coverage for liability, automobile and medical insurance are the responsibility of the volunteer.

Verification and Consent for Reference and Background Check

Give the names and contact information for three people (not relatives) who know you well and can attest to your character.

I verify that the above information is accurate to the best of my knowledge.

I give Convoy of Hope permission to inquire into educational background, references, licenses, police records and employment and/or voluntary history. I also give permission to the holder of any such information to release to Convoy of Hope.

Thank you for helping us to work toward the safety and best interest of all!



Volunteer opportunities available through Convoy of Hope Disaster Response

[**If your interest is specifically C.A.R.R.S., please proceed to page 10.](#)

Place an X (click) in the box next to any of the following teams that may interest you. ***Please note that all of our volunteer roles require additional training and coaching, some more than others based upon your role and level of involvement.*

DISASTER RESPONSE TEAM (DRT)

Individual(s) from a church, home or business that is(are) able to assist in many areas of on-the-ground response. These members make up the bulk and 'backbone' of our operation.

COMMUNICATION RESPONSE TEAM (CRT)

Individual(s) who are members of C.A.R.R.S. (Convoy of Hope Amateur Radio Response Service) and who also serve as COH communication units during disaster response. [**If C.A.R.R.S. is your sole interest, please proceed to page 10.](#)

DISASTER ASSESSMENT TEAM (DAT)

Individuals/teams specifically identified across the nation who assess and report timely and accurate information regarding local disasters to our Operations Center. To be qualified and approved for the role of a **DAT**, one must go through more extensive training and an evaluation process. Specific information will be covered following the initial application process.

DISASTER DEPLOYMENT TEAM (DDT)

Individuals/teams specially trained to roll out when Convoy of Hope deploys. **DDT's** rendezvous with our first wave of Convoy's National Leadership Team to set up and establish our 'on the ground' operation. To be considered for the role of a **DDT**, a team must go through extensive training and an evaluation process. That information will be covered following the initial application process. **DDT's** are required to be 'entirely self contained,' have at least 2 team members with fork lift experience and be in very good physical condition.

RESPONSE DEMOBILIZATION TEAM (RDT)

Individuals/teams trained to demobilize a POD site or any 'on the ground' operation. **RDT's** also may assist with the cleaning and resetting of a host building/facility as it prepares to return to "normal" operation following its use for response efforts.

VOLUNTEER SUPPORT TEAM (VST)

Individuals/teams designated to assist with the feeding, housing and general over all support of the 'on the ground' volunteers.

RESPONSE RESET TEAM (RRT)

Individuals/teams designated to clean and reset vehicles and equipment following a response. This function may take place 'on the ground' or back at our Operations Center in Missouri. This role will require a safe driving record and well rounded knowledge of mechanics and the functions of RV's.

CONVOY OF HOPE Disaster Response Volunteer Application

Please PRINT or TYPE all information – Click on the line above or below the requested information

Personal Information

<input type="checkbox"/> Mr.			
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.	<i>First Name</i>	<i>Last Name</i>	<i>Email</i>
<i>Address</i>			
		<i>City</i>	<i>State</i>
<i>Zip</i>			
<i>Phones – Home</i>		<i>Work, Extension</i>	<i>Cell</i>
<i>Your Date of Birth (Month Day, Year)</i>		<i>Spouse's Name</i>	
<i>Church Name</i>		<i>Pastor's Name-First</i>	<i>Last</i>
<i>Church Phone</i>			
<i>Address</i>			
		<i>City</i>	<i>State</i>
<i>Zip</i>			

Education and Employment

Degree	Major	Institution	Dates Attended
<i>Occupation</i>			
		<i>Employer</i>	<i>Phone</i>
<i>Address</i>			
		<i>City</i>	<i>State</i>
<i>Zip</i>			

Experience – Paid and volunteer, beginning with the most recent

Position	Organization	Dates

Emergency Contact

<input type="checkbox"/> Mr.			
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.	<i>First Name</i>	<i>Last Name</i>	<i>Relationship</i>
<i>Address</i>			
		<i>City</i>	<i>State</i>
<i>Zip</i>			
<i>Phones – Home</i>		<i>Work, Extension</i>	<i>Cell</i>
<i>Email</i>			

Health Information

<i>Physician's Name</i>			
		<i>Phone</i>	<i>Alternate Phone</i>
<i>Health Insurance Company</i>			
		<i>Phone</i>	<i>Group/Policy Number</i>
<i>Medications</i>		<i>Allergies</i>	

Ethical Guidelines for Disaster Response Volunteers

1. Disaster response workers are representing Convoy of Hope, their home church, and the Body of Christ. Therefore, response worker attitudes and actions should be in keeping with the teachings of Christ, and the values of Convoy of Hope and the home church.
2. The “**guest of honor**” principle is long standing policy of Convoy of Hope. This means we want every guest we serve to be treated the way you would treat an **honored guest** in your home. This applies regardless of the circumstances.
3. Disaster response workers should understand and accept the reality that their actions and attitudes reflect on all other workers.
4. Disaster response workers should be sensitive to people and should take time to listen to persons affected by the disaster. To listen requires an understanding heart as well as a listening ear. Do not be judgmental.
5. Disaster response workers are committed to assist the disaster-affected person within the limits of their own training and abilities, and seek assistance for those things that may be beyond their own training and abilities.
6. Disaster response workers should respect all the belongings of the disaster-affected persons, and therefore treat the victim’s belongings with care and concern.
7. Disaster response workers should not accept damaged items from the disaster victims nor attempt to salvage items from the disaster area for their personal use.
8. Disaster response workers should not accept cash contributions from persons being assisted. Persons wishing to make contributions should be encouraged to send contributions to the Convoy of Hope headquarters.
9. Disaster response workers should not engage in “aggressive” religious exploitation of the disaster victim. Victims should never be made to feel that the only reason we’re helping is so we can “preach” to them. However, sharing of one’s faith when asked “Why are you here?” and/or gently asking, “May I take a moment and pray for you?” is always appropriate. The work should be seen as putting one’s faith into action and, thus, is a form of sharing the “good news.”
10. Disaster response workers should respect personal information obtained from any disaster victim. Sharing of financial and/or personal matters by naming specific persons should not be done. Sharing experience in a general way, as illustrative of work done and persons served, is acceptable.
11. Disaster response workers must be sensitive to cultural differences and lifestyles.
12. Disaster response workers should be sensitive to persons’ feelings when taking pictures of individuals or damage/destroyed property. Permission should always be obtained before taking pictures of individuals. Permission from property owners should always be obtained, if possible, before taking pictures of damaged property.
13. No complaining.

To accept the Ethical Guidelines expected of me as a Disaster Volunteer, please check the box.

Potential “On the Ground” Hardships

1. Water Disruption – The regular water system has been affected by this disaster.
 2. Power Outages – Utilities, including gas and water, have been affected by this disaster.
 3. Limited Food Availability – Our response operation may not be able to accommodate special dietary needs.
 4. Extreme Weather Conditions – Such conditions may occur and there may be little relief available.
 5. Housing Shortages – Staff may not have private rooms, may be required to share housing, and staff shelters may or may not be established.
 6. Working Conditions – In some situations, the working environment can cause hardships.
 7. Limited Health Care Access – Following a disaster, especially in remote locations, the community infrastructure can be affected so that normal health care systems are not in place or are difficult to access.
 8. Extreme Emotional Stress – The disaster has caused a number of deaths, injuries, and destruction. Workers may be exposed to victims expressing grief, anger, and frustration. There may be personal safety concerns and a possibility of recurrent disaster conditions.
 9. Travel Conditions – Travel distance on the relief operation may be long and/or difficult. Road conditions may include congestion, impassable, or single lane. Transportation to the relief operation may be difficult, may require alternate routes, multiple connections, or even use of noncommercial/military carriers.
 10. Air Quality – Air quality may be poor due to contamination and environmental conditions.
 11. Lifting Requirements – All staff reporting to assignment may be asked to assist with duties including lifting.
 12. No Stores Available – Places to purchase supplies may be unavailable. Anything which is a “must have” for you should be brought from home.
- To accept the Potential “On the Ground” Hardships you may encounter as a Disaster Volunteer, please check the box.

What to Take Checklist

This form is for your own personal use. This is just a **suggested** packing list and a place to capture vital information if needed in the midst of an emergency. Particular situations and/or your team leader may require different items. Please remember that in the early stages of response to a disaster, you may need to be completely self-contained for the entire time you are in the disaster area. It is also possible there will be no place to buy additional supplies. This consideration has an impact on the supplies and amount of money you should bring.

Please check with your team leader who will be receiving information from Convoy of Hope about prevailing conditions.

Identification

- Disaster relief ID _____
- Driver's license _____
- Vehicle registration _____
- VIN # _____

Phone numbers

- Emergency contact _____
- Family physician _____
- Church _____
- Employer _____

Insurance

Insurance	Company	Policy #	Coverage	Agent	Phone #
Automobile					
Health					
Life					
Personal liability					

Devotional materials

- Bible and devotionals
 - Spiritual Preparation for Disaster Relief*
- Note: **Please do not bring tracts or literature for distribution.** These will be supplied by Convoy of Hope.

Important miscellaneous

- Money
- Notebook and pencils or pens
- Your copy of signed Convoy of Hope forms – Ethics, Hardships, Release Agreement, Volunteer Application

Clothing (4-7 day supply)

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Work shoes | <input type="checkbox"/> Shirts – warm & cool weather | <input type="checkbox"/> Jeans, work pants | <input type="checkbox"/> Sleepwear |
| <input type="checkbox"/> Sneakers | <input type="checkbox"/> Coats, jackets – warm & cool | <input type="checkbox"/> Work gloves | <input type="checkbox"/> Underwear |
| <input type="checkbox"/> Waterproof footwear | <input type="checkbox"/> Work or athletic socks – | <input type="checkbox"/> Bandanas, | <input type="checkbox"/> Laundry bag |
| <input type="checkbox"/> Rain suit or poncho | good quality, 2 per day | handkerchiefs | |

Health and hygiene

- | | | | | |
|---|--|---|---|---|
| <input type="checkbox"/> Prescription medicine – List name of all prescribed medications | <input type="checkbox"/> Nonprescription drugs | | | |
| <input type="checkbox"/> New or refill prescription orders – If your physician will write such orders | <input type="checkbox"/> Allergy kit: bees, etc. | | | |
| <input type="checkbox"/> Chap stick SPF 15 | <input type="checkbox"/> Bar soap | <input type="checkbox"/> Shampoo, rinse | <input type="checkbox"/> Sun block 15+ | <input type="checkbox"/> A & D ointment |
| <input type="checkbox"/> Liquid antibacterial soap | <input type="checkbox"/> Deodorant | <input type="checkbox"/> Comb, brush | <input type="checkbox"/> Towels | <input type="checkbox"/> Antacids |
| <input type="checkbox"/> Antifungal ointment or spray | <input type="checkbox"/> Toothbrush | <input type="checkbox"/> Hair spray | <input type="checkbox"/> Washcloths | <input type="checkbox"/> Blister kit |
| <input type="checkbox"/> Laundry detergent | <input type="checkbox"/> Toothpaste | <input type="checkbox"/> Shaving cream | <input type="checkbox"/> Feminine needs | <input type="checkbox"/> Diarrhea cure |
| | <input type="checkbox"/> Dental floss | <input type="checkbox"/> Razor | <input type="checkbox"/> Personal needs | <input type="checkbox"/> Laxative |
| | <input type="checkbox"/> Mouthwash | <input type="checkbox"/> Skin lotion | <input type="checkbox"/> Foot powder | <input type="checkbox"/> Insect spray |

Food and water

- Drinking water
- Snacks
- Special diet food, if required

Other supplies and equipment

- Watch or clock
- Canteen or water bottle
- Bedding – air or foam mattress, cot, covers
- Flashlight or lantern
- Tent (optional, inquire first)
- Special personal items for your health, safety, comfort

Photo Release Form

Convoy of Hope
330 S. Patterson
Springfield, MO 65802



Permission to Use Photograph

Subject: Volunteering for Disaster Response Work

I grant to Convoy of Hope, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize Convoy of Hope, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Convoy of Hope may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content. I also acknowledge that my appearance in any publication shall not constitute a performance and that I shall not be entitled to any compensation for such appearance, nor to any guild or union payment for the use or re-use of such appearance.

Printed name _____

Organization Name (if applicable) _____

Date _____

Please check box to accept the above mentioned Photo Release.

Volunteer Skills Assessment

Please review the items listed below. You will notice an 'E' and an 'I' column. Please check the box in the 'E' column if you have **Experience** in that area. Check the 'I' box if your **Interested**.

E	I	E	I	E	I	E	I				
<input type="checkbox"/>	<input type="checkbox"/>	Fork Lift	<input type="checkbox"/>	<input type="checkbox"/>	Class 'A' CDL	<input type="checkbox"/>	<input type="checkbox"/>	Class 'B' CDL	<input type="checkbox"/>	<input type="checkbox"/>	Seasoned RV'er
<input type="checkbox"/>	<input type="checkbox"/>	Auto/Truck Mechanics	<input type="checkbox"/>	<input type="checkbox"/>	CPR/AED	<input type="checkbox"/>	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	<input type="checkbox"/>	Heavy Equip Op
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Medical	<input type="checkbox"/>	<input type="checkbox"/>	Photography	<input type="checkbox"/>	<input type="checkbox"/>	Chainsaw work	<input type="checkbox"/>	<input type="checkbox"/>	Sheltering
<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	Emotional/Spiritual Care	<input type="checkbox"/>	<input type="checkbox"/>	Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	Mud Out
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Rest Center	<input type="checkbox"/>	<input type="checkbox"/>	Evacuation Assistance	<input type="checkbox"/>	<input type="checkbox"/>	Bulk Distribution	<input type="checkbox"/>	<input type="checkbox"/>	Feeding
<input type="checkbox"/>	<input type="checkbox"/>	Damage Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Crisis Counseling	<input type="checkbox"/>	<input type="checkbox"/>	CERT Trained	<input type="checkbox"/>	<input type="checkbox"/>	VRC
<input type="checkbox"/>	<input type="checkbox"/>	Storm Tracker	<input type="checkbox"/>	<input type="checkbox"/>	Welder	<input type="checkbox"/>	<input type="checkbox"/>	Carpenter	<input type="checkbox"/>	<input type="checkbox"/>	Flooring
<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Electrician	<input type="checkbox"/>	<input type="checkbox"/>	Drywall/Painter	<input type="checkbox"/>	<input type="checkbox"/>	Roofing
<input type="checkbox"/>	<input type="checkbox"/>	Interpreter (list languages) _____									

Note: If you have experiences in any of the above mentioned and or work experiences in areas such as: *police, fire, emergency management, insurance adjustor, chaplaincy, crisis counseling, storm tracker, medical or current military training*, please list your experiences here.

Please list any **NIMS** Compliant and **CISM** courses have you completed.

Please also cite when and where you have responded to a disaster with Convoy of Hope in the past:

We recognize many people have a passion and many practical life experiences/skills indirectly related to Disaster Response. Please list **any** experiences or skills you feel you have that may aid in response efforts:
