



## NC Conference Advance Special #S00136

### Volunteer Orientation Guide

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Dear Volunteers:

This ORIENTATION PACKET has the necessary tools to carry out a successful mission trip. Please read and discuss this material with your group before beginning your journey.

**CONCERNING HOUSING and FOOD:** We are asking that all teams come prepared to pay twenty dollars (\$20) per night per person for housing, whether it be in a church, home, mobile home, or other facility. This is to be paid to the regional recovery office to which the team is assigned. All teams are responsible for preparing their own food.

**We ask that teams bring at least one person with carpentry skills for every five unskilled workers.**

Project expenses are not required. Donations of material or money would be appreciated. You may make the check payable to the: **MERCY Please mail it to: MERCI / 676 Community Drive, Goldsboro, North Carolina 27530**  
I will call you at least one month prior to your departure to tell you where we have assigned your team.  
United Methodists will be your Prayer Support, praying for you daily as you prepare your team for the tasks ahead.

Sincerely,  
Ann Huffman, Director of Volunteers



## ***A Brief History of MERCY***

*Marion Edwards Recovery Center Initiatives (MERCY) is a disaster relief/recovery program of the North Carolina Conference United Methodist Church.*

*Following the devastation caused by Hurricane Floyd in 1999, the North Carolina Methodist Conference purchased a warehouse facility in Goldsboro, NC, for the purpose of housing materials necessary for responding to disasters. The Center has two warehouses for a total of 46,000 square feet of indoor space and 22 acres of land. Chain link fencing encloses about 10 acres including the warehouses. Also within the fencing are three mobile homes (Matthew, Mark, and Luke) used for housing volunteers.*

*During the Floyd recovery period, the first initiative was manifested as nearly 2000 families were assisted through the MERCY program, "Disaster Recovery Ministries." As the recovery from Floyd began to slow, The Duke Endowment, a private foundation that serves the people of North Carolina, approached MERCY about continuing to build and repair new homes for low-income families not affected by the hurricane. Thus began the second initiative for MERCY, a Rural Housing Program very similar in structure to Habitat for Humanity.*

*The third initiative for MERCY, Connectional Ministries, came from a need for space to collect, sort, and box materials for other conference mission projects. In the smaller warehouse we collect food, clothing, medical supplies, materials to make school kits, health kits, flood buckets, etc. Here they are packed according to the destination specifications. Items are shipped to Armenia, Liberia, Sierra Leone, Afghanistan, and held for emergency use wherever UMCOR needs them.*

*The North Carolina Conference made a commitment to help people in eastern North Carolina for as long as possible. That commitment comes to life through MERCY. We provide programs for those who have housing repair/replacement needs as well as providing an outlet for those who need a means to express their love and gratitude for the blessings of their life.*



## A Covenant for Success

Dear Friends,

We are privileged to have the opportunity to serve our God and the church of Jesus Christ by serving in response to the needs of our fellow humans who have suffered through a disaster.

In this work we will need to be flexible, adaptable, sensitive and patient. There will be times when we may want to hurry and get things done but delays happen. Such times can and must be used to rest, get acquainted and to play with the children.

Cooperation is the key; we need to cooperate with many, varied persons and under many different conditions.

In this work we must remember what our parents told us as children. "You represent your family name." What we do and how we act reflects on the church of Jesus Christ.

Volunteers in such mission work must leave their ego at home! Each team will have designated a Leader who is responsible to accomplish a great deal. For the mission to be successful, the leader must have the attention and loyalty of all team members.

The Rules are simple. Refer to the leader for any changes, suggestions or concerns. Work to acceptable standards. Ask questions if you don't know how or what to do next. Be properly dressed for the public and acquit yourself with sweet language to all people at all time. Help maintain the work and living space in a neat and clean condition. Assist with common chores such as meal preparation and clean up. Treat your host on the site and their property with respect. Your expenses for a MERCY sponsored trip are included in the fee that you paid.

Go into the mission field with God's love and ours,

Rev. Jim Huskins  
Program Manager



## INSURANCE COVERAGE

Insurance coverage is optional. If team members feel they are fully covered by their own insurance policy, this additional coverage is not necessary.

For further information, please contact the UMVIM office listed below to implement your policy and obtain rates.

UMVIM, SEJ  
315 W Ponce de Leon Ave.  
Suite 750  
Decatur , GA 30030  
Fax: 404.377.8182  
Phone: 404.377.7424  
<http://www.umvim.org/Insurance.htm>

**INSURANCE MUST BE SENT IN TWO (2) WEEKS BEFORE TRIP.**

### Volunteer Information

#### What You Need to Bring

Old work clothing (long pants)	Sleeping bag / twin sheets / pillow/blanket (if winter)
Long sleeved shirts / blouses (for work)	Water bottle / jug / cooler
Cotton and plastic work gloves	Changes of clothing for after work
Disposable face masks	First aid supplies (See First Aid Kit List below)
Safety goggles (may be a team item)	Medical releases
Personal hygiene items	Use-of-equipment releases
Towels and washcloths	Name tags durable enough for the work site
Heavy work shoes / boots	Insect Repellant
Any personal hand tools you like using	Gel Hand Sanitizer

### First Aid Kit

#### Item and Minimum size or Volume

#### Minimum Quantity

Absorbent Compress, 32 sq. in. (No side smaller than 4")	1
Adhesive Bandages, 1" x 3"	16
Adhesive Tape, 5 yd.	1
Antiseptic, .5 g application	10
Burn Treatment, .5g application	6
Medical Exam Gloves	2 pr.
Sterile Pads, 3" x 3"	4
Triangular bandage, 40" x 40" x 56"	1



## REBUILDING TEAM'S SUPPLY LIST

\*\*Some supplies are available but may be limited. If your team members can bring items specific to the jobs they will be doing, they will be assured of having the tools when they are needed.

### TOOL LIST

- \*Nail Aprons
- \*Hammers
- Sledge Hammer
- \*Tape Measures
- \*Drills and Bits
- Screw Guns
- Screw Drivers
- Sheetrock Screw
- Nails (all kinds)
- Levels
- \*Chalk Line and Chalk
- Crow Bars/Wonder Bars
- Speed Square
- \*Framing Square
- \*Skill saw and extra blades
- Table Saw
- Chop Saw
- Hacksaw and extra blades
- Keyhole Saw
- \*Utility Knives
- Floor Scrapers
- Ladders
- \*Reciprocating Saw
- \*Cordless Drill
- Generator
- Pick Axe / Maul
- Roofing Shovel

### OTHER ITEMS

- Brooms
- \*Dust Masks- "NIOSH" approved  
and an N95 rating  
Knee Pads, if needed
- Pencils
- Mops
- \*Safety Goggles/ Glasses, OSHA approved
- \*Work Gloves
- \*Latex Gloves
- Duct tape
- Trash Bags

### PAINTING SUPPLIES

- Paint Rollers
- Roller Pans
- Paint Thinner
- Cotton Rags
- Masking Tape—2 inches wide

### ELECTRICIAL SUPPLIES

- \*Extension Cords (heavy duty – 50' & 100')
- Drop Lights and extra light bulbs
- Electric Wire
- Cordless Drill
- Black Electrical Tape

**\*Please bring these items. Other items are optional or job-specific.**

**\*\*Due to liability concerns, MERCY does not issue nail guns or chain saws.**



## **PARTICIPANT LIABILITY RELEASE FORM**

*Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with The United Methodist Church North Carolina Conference Disaster Recovery.* – Each volunteer must complete the form. Take the forms with you to your assigned destination and give them to the director.

I, \_\_\_\_\_ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair or replace 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 and building framing 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 adversely affected by Hurricane/flood disaster or are receiving assistance to repair or replace substandard housing or working in a warehouse environment. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising 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 for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold The United Methodist Church North Carolina Conference, 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.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DATES of WORK TEAM or DATES COVERED by THIS LIABILITY FORM** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**PERSON to CONTACT in CASE of EMERGENCY** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **WITNESS** \_\_\_\_\_

**ORGANIZATION OR CHURCH NAME** \_\_\_\_\_



## INDIVIDUAL SKILLS SURVEY SHEET

Team Leader \_\_\_\_\_

Name of Sponsoring Church or Group \_\_\_\_\_

Work Week \_\_\_\_\_

Name \_\_\_\_\_ Adult \_\_\_\_\_ Youth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

E\_mail Address \_\_\_\_\_

*Please use the terms below to describe your area and level of skill. Each person should fill out this form. The team leader should then return the forms to the above address two months prior to the team's arrival. The more we know about your team, the more effectively your talents can be used in the rebuilding effort. (Ex. Painter - B)*

**Skills: Early Response**

- \_\_\_\_\_ Chainsaw Operator
- \_\_\_\_\_ Clean-Up
- \_\_\_\_\_ Clerical/Telephone
- \_\_\_\_\_ Computer Skills
- \_\_\_\_\_ Equip. Maintenance
- \_\_\_\_\_ Food Preparation
- \_\_\_\_\_ Generators
- \_\_\_\_\_ General Helper
- \_\_\_\_\_ Nursing/Medical
- \_\_\_\_\_ Roof Tarper
- \_\_\_\_\_ Trucking/Hauling
- \_\_\_\_\_ Warehouse

**Rebuilding Skills**

- \_\_\_\_\_ Cabinet Installation
- \_\_\_\_\_ Carpenter
- \_\_\_\_\_ Carpet Installer
- \_\_\_\_\_ Contractor
- \_\_\_\_\_ Door/Window Installer
- \_\_\_\_\_ Drywall Installation/Finishing
- \_\_\_\_\_ Electrician
- \_\_\_\_\_ General Helper
- \_\_\_\_\_ HVAC
- \_\_\_\_\_ Mason
- \_\_\_\_\_ Painter
- \_\_\_\_\_ Plumber
- \_\_\_\_\_ Roofer

**Human Service Skills**

- \_\_\_\_\_ Counseling
- \_\_\_\_\_ Children's/Youth Ministry
- \_\_\_\_\_ Counseling-Mental Health
- \_\_\_\_\_ Crisis Intervention
- \_\_\_\_\_ Language Skills  
(Name Language)
- \_\_\_\_\_ CARE Team
- \_\_\_\_\_ Casework
- \_\_\_\_\_ Elderly Outreach
- \_\_\_\_\_ Program Planning
- \_\_\_\_\_ Other (Be Specific)

**Construction Skill Levels**

- A** - Willing Helper
- B** - Do-It-Yourself
- C** - Extensive handy person, no trade experience
- D** - Worked trade previously
- E** - Working trade currently as helper, apprentice, journey
- F** - Licensed

**Human Service Skill Levels**

- A.** - Willing Helper
- B.** - Volunteer
  - Training \_\_\_\_\_
  - Experience \_\_\_\_\_
  - In what areas \_\_\_\_\_
- C.** - Professional
  - Training \_\_\_\_\_
  - Education \_\_\_\_\_
  - Employment \_\_\_\_\_

**Needs to be mailed to the MERCY Office 2 months prior to departure.**



**MEDICAL INFORMATION**  
**FOR INDIVIDUAL VOLUNTEERS**  
(Every Volunteer Needs to Fill Out This Form)

**Please complete the following and give to mission leader. MISSION TEAM LEADER SHOULD RETAIN THIS FORM ON SITE TO USE IN CASE OF EMERGENCY.**

Name \_\_\_\_\_ Dates of mission trip \_\_\_\_\_

1. Blood type \_\_\_\_\_

2. Information about any prescriptions I use:

3. I am allergic to: \_\_\_\_\_

4. Name of contact person \_\_\_\_\_

a. Street Address \_\_\_\_\_

b. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

c. Phone (work) \_\_\_\_\_ (Home) \_\_\_\_\_

d. Relationship to volunteer \_\_\_\_\_

5. My health insurance company is \_\_\_\_\_

a. Policy number \_\_\_\_\_

6. Physical limitations or concerns:

7. I am diabetic: Yes \_\_\_\_\_ No \_\_\_\_\_

8. I have a history of seizures: Yes \_\_\_\_\_ No \_\_\_\_\_

9. Please provide other helpful health information:

10. I consider myself healthy enough to fulfill my responsibilities on the mission team. Yes \_\_\_\_\_ No \_\_\_\_\_

I, \_\_\_\_\_ (volunteer's signature), authorize \_\_\_\_\_ (team leader) to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered under the general supervision and on 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 and further authorize the release of medical information from my personal medical records for the following purpose: \_\_\_\_\_ but I do not give permission for any other use or re-disclosure of this information.



## Liability Release Form for Youth Group Leaders

*Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with The United Methodist Church North Carolina Conference Disaster Response.*

I, \_\_\_\_\_ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair or replace 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 and building framing 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 adversely affected by Hurricane/flood disaster or are receiving assistance to repair or replace substandard housing or working in a warehouse environment. I assume all risk and responsibility for any damage or injury to my property or any personal injury which I may sustain while involved in this project, and related medical costs and expenses.

In the event of minors in my group, I certify that I have the appropriate parental release forms necessary to allow me to act in their behalf and, by my signature on the agreement, I certify that those in my care will be bound by the same terms and conditions. I understand that it is my responsibility and not of the supervising agency to verify these items.

In the event that my supervising 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 for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold The United Methodist Church North Carolina Conference Disaster Response, 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Phone \_\_\_\_\_ Witness \_\_\_\_\_



## Liability Release Form for Youth

*Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with The United Methodist Church North Carolina Conference Disaster Response.*

I, \_\_\_\_\_ acknowledge and state the following:

I have chosen to travel to perform clean-up/construction work designed to repair or replace 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 and building framing 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 adversely affected by Hurricane/flood disaster or are receiving assistance to repair or replace substandard housing or working in a warehouse environment. I assume all risk and responsibility for any damage or injury to my property or any personal injury which I may sustain while involved in this project, and related medical costs and expenses.

In the event that my supervising 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 for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold The United Methodist Church North Carolina Conference, 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.

Signature of Parent/Guardian \_\_\_\_\_

Signature of Youth \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

**Phone** \_\_\_\_\_ **Witness** \_\_\_\_\_



**MEDICAL RELEASE FORM FOR MINORS**

**Participant Information**

Date/Destination of Trip \_\_\_\_\_

Team Leader \_\_\_\_\_

Minor's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Emergency Name and Phone number to Notify \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies and Medications \_\_\_\_\_

Permission to give Tylenol (Yes/No) \_\_\_\_\_ Other medication (Be specific) \_\_\_\_\_

Describe Medical Conditions/Limitations \_\_\_\_\_

Signature of Minor \_\_\_\_\_ Date \_\_\_\_\_ Name of Guardian on Trip (need picture ID) \_\_\_\_\_

**PARENT OR GUARDIAN AUTHORIZATION**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
(Parent or Guardian) (Guardian on Trip)

to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to the minor under the general supervision and on 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.

\_\_\_\_\_  
(Signature of Parent or Guardian) Date

**NOTARIZATION OF PARENT OR GUARDIAN AUTHORIZATION**

On this \_\_\_\_\_ (day) of \_\_\_\_\_, Year \_\_\_\_\_. Before me personally appeared \_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the free act and deed thereof.

\_\_\_\_\_  
Notary of Public

State of \_\_\_\_\_ County of \_\_\_\_\_

My commission expires \_\_\_\_\_



Please fill out this Evaluation Form the last evening of your workweek and give it to the Regional Coordinator.

### EVALUATION

Name of TEAM LEADER \_\_\_\_\_

Name of ORGANIZATION \_\_\_\_\_

Regional Recovery 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? 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. Debriefing:
  - B. The most important part of the week was:
  - C. Additional comments which you believe will be helpful to us:



## Pre-Departure Checklist

- \_\_\_\_\_ 1. Have you collected the Liability Release Forms to be given to the person in charge at the worksite?
- \_\_\_\_\_ 2. Has each team member read the Covenant?
- \_\_\_\_\_ 3. Have you filled out the Medical Information Sheet to bring with you?
- \_\_\_\_\_ 4. Do you have Medical Releases for Minors to bring?
- \_\_\_\_\_ 5. Have you mailed the skills survey sheets to the MERCY office?
- \_\_\_\_\_ 6. Do team members have adequate clothing and tools?
- \_\_\_\_\_ 7. With youth (minimum age 16 years), do you have enough adults (1 adult per 4 or 5 youth)?
- \_\_\_\_\_ 8. Do you have a water jug and a first aid kit for each vehicle?
- \_\_\_\_\_ 9. Does someone at home know the emergency telephone number?
- \_\_\_\_\_ 10. Do you know how to get to your place of lodging?
- \_\_\_\_\_ 11. What is your time of arrival? Do you know whom to telephone about one/half hour ahead of arrival?
- \_\_\_\_\_ 12. Do you have adequate money for your trip—for gas, food, and emergencies?
- \_\_\_\_\_ 13. Have you made name tags to use on the work site?
- \_\_\_\_\_ 14. Have you prepared your team to be flexible to changes in work assignments, realizing that not all work is fun?
- \_\_\_\_\_ 15. If you are being housed in a church, home, mobile home, or other facility don't forget the accommodation fee.
- \_\_\_\_\_ 16. Are you planning outings for which you need advance tickets? Have you ordered these?
- \_\_\_\_\_ 17. Are you preparing your team members to have broad expectations for the trip? Will they be a witness to Jesus Christ and recognize the people they meet as Children of God?
- \_\_\_\_\_ 18. Who is your construction supervisor? Have you planned with him about how the team will be divided for work once the assignments are made?
- \_\_\_\_\_ 19. Have you asked a team member to be the photographer and another member to be the journalist?



Studies have shown that over one third of employees injured at work are new employees. Knowledge of good safety habits could prevent serious injuries for people unfamiliar with a specific job or the tools associated. Please, pay attention to these safety instructions and commit them to memory. These safety habits you are learning will last a lifetime.

**PLEASE NOTE: ALL YOUTH MUST BE 16 YEARS OLD OR OLDER TO WORK ON CONSTRUCTION PROJECTS.**

## **General Safety Rules**

- Keep the work area clear of clutter and well-lighted.
- Maintain and keep tools sharpened, oiled and stored as appropriate.
- Wear ear and eye protection when cutting, sawing, drilling, or grinding.
- Supervisor should instruct everyone using equipment on safe procedures before he/she uses them.
- Inspect tools, cords, and accessories regularly.
- Repair or replace problem equipment immediately.
- Use three-prong (3) electric plugs, double insulated tools, and safety switches.
- Machine guards must be in place and not removed.
- Install and repair equipment only if you are qualified.
- Use the right tool for the job: for instance, do not use a screwdriver as a hammer.
- Carry a sharp tool pointed downward or place in tool belt or tool box.
- Protect a sharp blade with a shield.
- Store tools in drawers or chests with cutting edge down.
- Do not wear jewelry or loose clothing, when using power tools or operating any equipment.
- Use safety glasses, dust masks, hardhats, etc., as needed.
- All hand-held power-driven tools must be equipped with “dead-man” control, so power will automatically be cut off upon release of the control by the operator.
- Never leave a running tool unattended.
- Train all workers in the proper use of hand and power tools.
- Tools of a non-sparking material must be used if fire or explosion hazards exist.
- All fuel-operated tools shall be stopped and allowed to cool prior to being refueled, serviced, or maintained and proper venting exercised when used in enclosed spaces.
- Power-grinding machines shall have proper grounding. Work rests must be kept at a distance not to exceed 1/8 inch from the wheel surface.
- All persons using abrasive wheels shall use approved eye-protective devices.
- Avoid repetitive motion, hold tools in neutral position.



# Safety Checklists

. Here's a checklist you can use every time you get ready to work. The previously mentioned safety precautions should soon become second nature to you, but until then, keep this checklist as a reference and refer to it before starting any job.

THIS CHECKLIST IS NOT COMPLETE. YOUR TEAM LEADER MAY WANT TO ADD MORE TO IT.

## **Personal Checklist**

- Are your safety glasses on?
- Do you need ear protectors?
- Do you need a respirator?
- Have you changed your loose, baggy clothing or is it securely fastened?
- Have you removed any rings, chains, and other jewelry?
- Are you well rested and alert?
- Have you properly thought out the job you're about to do?
- Do you need helpers?
- Will you be working in a hazardous area that requires any special precautions?

## **Shop Checklist**

- Do you know the location of the:
  - Safety cut-off buttons?
  - Fire extinguisher?
  - First aid area?
  - Emergency eye wash?
  - Emergency shower?
- Do you know what kind of fire each extinguisher is used for?
- Is your work area properly lighted?
- Is your machine properly adjusted and in working condition?
- Are all the safety guards in place?
- Is everything properly clamped?
- Is your work area clear and uncrowded?



## Suggested Questions for Volunteer Group Debriefing\*

### **Your First Reactions**

1. When you heard about this disaster, what was your first reaction?
2. What are some of the first stories about the disaster that stand out in your mind?
3. How did you hear of the opportunity to serve in this manner and how did your faith get you into this?

### **Your Relationship with the Survivors**

1. Describe the state of mind or physical condition of most of the survivors you encountered?
2. How do you believe you were accepted by the survivors?
3. What helped you the most in your relationship with them?
4. What was hardest about working with them?

### **Joys and Concerns**

1. What part of this event bothers you the most? (If you could erase one part of the situation, what would it be?)
2. How has your experience affected your faith and your faith affected this experience?
3. What things happened to give you hope in the midst of all of this difficulty?
4. In what ways do you feel the church has made a difference?
5. Where have you seen God working in this disaster?

We suggest that this form be used at the end of your time of service at a disaster site.

\*Adapted from "The Debriefing Model: Journal Questions for Disaster Workers," compiled by Rev. Charles Alexander and "Critical Incident Stress Debriefing" models.

**MERCY**  
**676 Community Drive, Goldsboro, North Carolina 27530**  
**888-440-9167                      919-739-9167**  
**FAX: (919) / 739-9124**



## MERC I Center Safe Sanctuaries Policy for Ministry with Children and Youth

The Marion Edwards Recovery Center Initiatives (M.E.R.C.I.) of the North Carolina Conference United Methodist Church is committed to providing a safe, secure environment for all children, youth and volunteers who participate in ministries and activities sponsored by our ministry. The following policies and procedures reflect our commitment to maintain our facilities as places of safety and protection for all.

The Following policies and procedures govern all volunteers and paid staff who work with children and/or youth.

1. The “Two Adult Rule”: No fewer than two volunteers and/or paid staff should be present at all times during any MERCI-sponsored program, event, or ministry involving children and/or youth. Risk will be reduced even more if the two adults are not related. In the event of a shortage of adults, a “roamer” may be assigned to drop in where children and/or youth are gathered.
2. First Aid/CPR Training: All long-term volunteers and paid staff will be provided with first aid and CPR training, as required. At all children and youth events, at least one of the adults present will have been trained.
3. Annual Orientation for long-term volunteers and paid staff: All workers with children and/or youth will be required to attend an orientation session in which they are informed of the following:
  - MERCI’s policies for the prevention of child abuse
  - The procedures to be used in all ministries with children and youth
  - Appropriate steps to report an incident of suspected child abuse
  - Details of the state laws regarding child abuse

At this orientation, long-term volunteers and paid staff will be given an opportunity to renew their covenant to abide by and cooperate with MERCI’s policies and procedures. MERCI will have an updated record that it has informed all of its long-term volunteers and paid staff about its policies. Long-term volunteers and paid staff will be given MERCI’s policies in writing.

4. The “Five-Years-Older” Rule: Any long-term volunteer or paid staff recruited or hired to work with children and/or youth should be at least five years older than any of the children or youth with whom she/he will work.
5. Concerning long-term volunteers and paid staff under the age of eighteen: All long-term volunteers and paid staff should be over the age of eighteen, unless specifically reviewed and approved by the appropriate MERCI committee.
6. Windows in All Classrooms: Each room set aside for children or youth should have a window, a door with a window or a half door.

7. Open-Door Counseling: At any counseling session with children or youth, the door of the room used shall remain open for the entire session.
8. It is our policy to split genders in our sleeping quarters.
9. No person who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) should work with children or youth in any MERCI-sponsored activity.
10. Prior Notice to Parents: Parents or guardians will be given advance notice and full information regarding activities in which their children will be participating. Parents must give written permission for their child's participation in MERCI activities.
11. All persons involved with children or youth at any MERCI-sponsored activity shall immediately report to a MERCI staff person any behavior that seems abusive or inappropriate.
12. Regarding Paid Staff: Those seeking employment with MERCI shall undergo a background check and shall abide by the policies set forth in this document.
13. Regarding Long-Term Volunteers: Those long-term volunteers who will have direct contact with children and/or youth shall undergo background check and shall abide by the policies set forth in this document.

A suspected incident of abuse or inappropriate behavior, whether child, youth, or adult, must be reported to appropriate law enforcement agencies immediately, and to the North Carolina Conference Director of Connectional Ministries within 24 hours following the event or activity where the suspected behavior occurred.