



# Project Homecoming, Inc.

“Building Resilient Neighborhoods”

www.projecthomecoming.net • 504.942.0444 • Fax: 504.942.0408

## Paperwork

Project Homecoming is thankful for your desire to volunteer with our hurricane recovery and community development ministry in New Orleans. The following is paperwork that Project Homecoming requires be completed and returned to our office as soon as possible.

**Registration:** Each volunteer and volunteer group is asked to make a financial contribution to help Project Homecoming defray the costs of providing meals, housing, and worksite management. The suggested contribution is as follows:

- \$25/night per person staying at Olive Tree
- \$10/day per person for those NOT staying at Olive Tree but working with Project Homecoming to help defray costs of tools, worksite management, and equipment

**Checks for registration should be made payable to: “Project Homecoming, Inc.”**

**Deposit:** All groups will be asked to send a nonrefundable, nontransferable deposit six weeks before your arrival. This will help to confirm the final number of volunteers and will help us to accurately plan for those who are coming, and not turn away other potential volunteer groups. The deposit is \$25.00 per person for those staying at Olive Tree and \$10.00 per person for those NOT staying at Olive Tree. Deposits should be made **payable to: “Project Homecoming, Inc.”** Please indicate on the memo line “PH Registration Deposit” along with the week you are volunteering and the group leader’s name. **Send the deposit to:**

**Project Homecoming Volunteer Village Manager  
2221 Filmore Avenue  
New Orleans, LA, 70122**

If it would be a hardship for your group to provide a financial contribution, please let us know and do not allow this to discourage you from volunteering with us. Exceptions to the asking donation will be reviewed on a case by case basis.

**Group registration form:** The team leader needs to complete this form **immediately** and send it to Project Homecoming.

**Skills sheet:** This form also needs to be completed by the team leader for the group as soon as the information is collected.

The above forms, which are completed by the team leader, should be sent to the attention of “PH Volunteer Village Manager” via fax or email:

- **Fax:** (504)942-0408
- **Email:** [villagemanager@projecthomecoming.net](mailto:villagemanager@projecthomecoming.net)

**The following forms must be completed by each volunteer:**

- Individual Registration Form
- Medical Release Form
- Participant Activities & Hold Harmless Release Form
- Agreement form for Rules and Expectations and Safety Packet
- Media Release Waiver

The medical release form and the participant activities & release form only need to be notarized for volunteers under the age of 18.

**Further communication**

Your group will receive a call 1 to 2 weeks before your arrival to confirm the most up-to-date information and answer any questions you may have. You will receive an email concerning worksite assignments on the Wednesday or Thursday before your trip. This email will have your worksite, what you will be doing, and contact info for your construction manager.

**Age Policy**

- Any group with youth ages 16-17 will need to have a **ratio of one adult to every three youth**
- Any group with youth ages 14 and 15 year-olds can volunteer, but those 14 and 15 year-olds **must have a parent/guardian** with them on their site and there must be a **ratio of one adult to every three youth.**

**No one under the age of 18 will be allowed to operate the following power tools:**

- Table Saw
- Circular Saw
- Reciprocating Saw
- Nail Gun
- Grinder
- ‘Chop’ saw or Compound Miter Saw
- Corded ½” drill used for drilling.
- Radial Arm Saw
- Powder Actuated Nailer (‘RamSet’)
- Jigsaw
- Belt Sander

**Youth under the age of 18 will be allowed to operate the following power tools, provided they have received training by a qualified adult:**

- Corded drywall drill
- Cordless Drill
- Corded ½” drill – only for mixing paint, drywall joint compound, or thin-set.
- Palm sander

## **Instructions to Complete Volunteer Team Skills Assessment**

Under "Can lead work crew (y/n)," please indicate with a "y" which persons can supervise the work of others. This will help us to know whether we can divide your team into multiple work crews.

For each skill set, please ask each team member to rank his or her skill level as follows:

**X** = Cannot do.

**1** = Willing Helper (No experience)

**2** = Do-it-yourselfer (Has done this task before OR is generally handy and knows how to do it in theory)

**3** = Extensive Handyman (Comfortable with this task and can show others how to do it)

**4** = Worked Trade Previously

**5** = Working Trade Currently

**6** = Licensed

**If your team members have any other skills not specified on this list, please let us know!**

Specialized construction skills and professional skills are of the most interest.



# GROUP REGISTRATION FORM

## Group Contact Information

Group Name: \_\_\_\_\_

Group/church address: \_\_\_\_\_

Group/church phone: \_\_\_\_\_ Fax \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact primary number: Cell / Home \_\_\_\_\_

Contact secondary number: Cell / Home \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Does your group plan to stay at Olive Tree volunteer village? \_\_\_\_\_ yes \_\_\_\_\_ no

Requested Dates: \_\_\_\_\_

Number in your group: \_\_\_\_\_

*(If the numbers will change throughout your time note that here)*

Number under 18 years of age: \_\_\_\_\_

Are there any dietary or other medical needs we should be aware of (Gluten-free, vegetarian, etc)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Team leader signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Electronic signature accepted)*

# INDIVIDUAL REGISTRATION FORM (1 of 6)

First Name		Last Name		Preferred Name	
Address			City	State	Zip
DOB	M / F Gender	Email Address		Phone	

Occupation \_\_\_\_\_

Organization Information (which congregation, group, or organization are you traveling with?)

Name \_\_\_\_\_

Where are you staying: \_\_\_\_\_

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Have you worked at Project Homecoming/Olive Tree/New Orleans/PDA in the past? Yes No  
If yes, when and where?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Project Homecoming Agreements Form

**Please sign below once you have read the following two documents:**

- **Safety Packet**
- **Rules and Expectations**

By signing this document I indicate that I have read the Safety Packet and the Rules and Expectations. I agree to abide by the safety standards and the rules and expectations that are outlined in these documents. I understand that Project Homecoming reserves the right to terminate the participation of any individual or entire group that does not honor the expectations outlined in these documents.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Project Homecoming, Inc.  
(504) 942-0444  
www.projecthomecoming.net

# EMERGENCY MEDICAL INFORMATION (OT Office Copy) (2 of 6)

(Information on this form will only be used in the event that medical treatment is needed)

\*This copy should be turned into the Olive Tree staff upon arrival\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Medications that you are currently taking (over the counter and prescribed)

\_\_\_\_\_  
Medications that you **CAN NOT** take

\_\_\_\_\_  
Any allergies and/or special health concerns

## Medical Insurance Information:

\_\_\_\_\_  
Company Name Policy Number Phone Number

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

\_\_\_\_\_  
Policy Holder Name Relationship to Policy Holder Policy Holder's ID Number

\_\_\_\_\_  
Physician's Name Phone Number

## In Case of Emergency, Contact:

\_\_\_\_\_  
Name Relationship Yes / No  
Are they also on this trip?

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

\_\_\_\_\_  
Day Phone Evening Phone Cell Phone

\_\_\_\_\_  
Name Relationship Yes / No  
Are they also on this trip?

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

\_\_\_\_\_  
Day Phone Evening Phone Cell Phone

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# EMERGENCY MEDICAL INFORMATION (Worksite Copy) (3 of 6)

*(Information on this form will only be used in the event that medical treatment is needed)*

\*This copy should be kept on the worksite with the volunteer\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Medications that you are currently taking (over the counter and prescribed)

\_\_\_\_\_  
Medications that you **CAN NOT** take

\_\_\_\_\_  
Any allergies and/or special health concerns

## Medical Insurance Information:

\_\_\_\_\_  
Company Name Policy Number Phone Number

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

\_\_\_\_\_  
Policy Holder Name Relationship to Policy Holder Policy Holder's ID Number

\_\_\_\_\_  
Physician's Name Phone Number

## In Case of Emergency, Contact:

\_\_\_\_\_  
Name Relationship Yes / No  
Are they also on this trip?

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

\_\_\_\_\_  
Day Phone Evening Phone Cell Phone

\_\_\_\_\_  
Name Relationship Yes / No  
Are they also on this trip?

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

\_\_\_\_\_  
Day Phone Evening Phone Cell Phone

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**MEDICAL RELEASE** (4 of 6)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Project Homecoming, and/or while in the New Orleans area to participate with Project Homecoming, reasonable effort will be made to contact the persons listed on the Emergency Medical Information form. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further if a volunteer is under 18 years of age, unless specified otherwise, consent is hereby given to all accompanying adult volunteer leaders on the trip to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery and/or any other medical test or treatment (under recommendation of qualified medical personnel) for that minor volunteer.

I understand that Project Homecoming is not responsible for any medical expenses for volunteers. I agree that my insurance company will be used for such medical expenses. I further understand and agree that the medical provider may bill me for any medical treatment expenses not covered by my insurance. If I do not have medical insurance coverage or my insurer refuses to cover any or all medical treatment expenses, I agree to be responsible for the payment of any medical bills. This agreement relates to me as the volunteer and/or any minor (under 18 years of age) participant of whom I am parent or legal guardian.

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

\_\_\_\_\_  
Parent/Legal Guardian Signature (if participant is under 18) Date

\*This must be completed if volunteer is under the age of 18\*

\_\_\_\_\_, on behalf of \_\_\_\_\_, appeared  
Name of parent/guardian of minor participant Name of participant under 18

before me \_\_\_\_\_, a Notary Public of \_\_\_\_\_ in the State of  
(Notary's Name) (County/Parish name)

\_\_\_\_\_, the person whose signature appears above and with whom I am  
(State)

personally acquainted, and acknowledge that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
(Notary Public) My commission expires: \_\_\_\_\_

## PARTICIPANT ACTIVITIES, HOLD HARMLESS & RELEASE (5 of 6)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Please read before signing, as this agreement constitutes the understanding of your relationship as a volunteer with Project Homecoming.*

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

I have chosen to perform volunteer work with Project Homecoming. 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 activities may take place on ladders and involve building framing and other activities on 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 and communities adversely affected by hurricane/flood disaster. I assume all risk and responsibility for any damage or injury to my property and/or any personal injury which I may sustain while involved in this project, and any related medical costs and expenses.

In the event that Project Homecoming, arranges accommodations, I understand that Project Homecoming is not responsible or liable for my personal effects and property and that they do not provide lock up or security for any items. I will hold Project Homecoming, and all of its officers, agents, servants, and employees harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by any and all rules and regulations which are in effect for the accommodations and worksite.

By my signature for myself, my estate, and my heirs, I hereby release, discharge, indemnify and forever hold Project Homecoming, together with its officers, agents, servants, and employees, harmless from any and all causes or action arising from my participation in this project and travel or lodging associated therewith, including any damages which may be caused by the negligence of Project Homecoming, its officers, agents, servants, and/or employees.

I understand that by signing this release, I am giving up my right to sue Project Homecoming, and/or its officers, agents, servants, and employees for any damage or injury to my property and/or any personal injury which I may sustain while involved in this project, and any related medical costs and expenses, even if caused by the negligence of Project Homecoming and/or its officers, agents, servants, and employees.

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

\_\_\_\_\_  
Parent/Legal Guardian Signature (if participant is under 18) Date

\*This notarization only needs to be completed if volunteer is under the age of 18\*

\_\_\_\_\_, on behalf of \_\_\_\_\_, appeared  
Name of parent/guardian of minor participant Name of participant under 18

before me \_\_\_\_\_, a Notary Public of \_\_\_\_\_ in the State of \_\_\_\_\_,  
(Notary's Name) (County/Parish name) (State)

the person whose signature appears above and with whom I am personally acquainted, and acknowledge that he/she executed the within instrument for the purposes therein contained. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Notary Public) My commission expires: \_\_\_\_\_

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**MEDIA RELEASE AND WAIVER** (6 of 6)

The Volunteer and the Guardian grant and convey to Project Homecoming all right, title and interest in any and all photographic images and video or audio records made during the Participant's participation with Project Homecoming. The Volunteer and Guardian also hereby grant permission for Project Homecoming to use photographs, videos, audio recordings, or to otherwise document volunteer's participation in Project Homecoming programs, solely for the purpose of marketing, research and/or education. Project Homecoming will not identify by name any minors in either print or web-based images.

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

\_\_\_\_\_  
Parent/Legal Guardian Signature (if participant is under 18) Date

\*This must be completed if volunteer is under the age of 18\*

\_\_\_\_\_, on behalf of \_\_\_\_\_, appeared  
Name of parent/guardian of minor participant Name of participant under 18

before me \_\_\_\_\_, a Notary Public of \_\_\_\_\_ in the State of \_\_\_\_\_  
(Notary's Name) (County/Parish name)

\_\_\_\_\_, the person whose signature appears above and with whom I am  
(State)

personally acquainted, and acknowledge that he/she executed the within instrument for the purposes therein contained.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
(Notary Public) My commission expires: \_\_\_\_\_

## **Project Homecoming and Olive Tree Rules and Expectations**

**Project Homecoming has established these rules for all volunteers working with our organization.**

- Drug and alcohol use is prohibited both at the Olive Tree village and at worksites.
- Firearms are prohibited both at the village and at the worksite.
- Volunteer groups on each work site must have their own vehicle, First Aid kit, and cell phone. Please communicate with the volunteer coordinator if this is not possible.
- All volunteers must follow all safety rules as outlined in the safety packet and given through staff instruction.
- Do not promise or perform any work on homes outside the scope of assigned work without first talking to a staff member.
- When working in people's homes and communities, be sensitive to their concerns and privacy. Respect the confidentiality of those with whom you are working.
- Ask permission before taking photos.
- Please do not take any mementos from work sites without permission.
- Wear proper attire at the worksite and at the village
  - Proper attire at the worksite includes:
    - Sturdy work boots
    - Long pants when working around a lot of debris
    - Hard hats when working around any overhead hazards, while on the job site.
    - All other safety equipment required by the safety manual.
  - Proper attire at the village and in the community:
    - If you wouldn't wear it around your pastor/preacher/priest/grandmother, don't wear it around here.
- No pets are permitted at the village or on the job site.
- Remember that you are a representative of Project Homecoming as well as your own organization while in the community. Please act accordingly with appropriated manners and sensitivity.
- Use stewardship with tools and materials (measure twice, cut once).
- Project Homecoming does not tolerate abuse or harassment of any kind. Sexual, verbal or physical abuse will be grounds for immediate dismissal/removal from the village and/or worksite.
- Please respect the privacy of our volunteers; females please stay out of male sleeping quarters and males please stay out of female sleeping quarters.

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- Report any and all injuries to village staff and worksite staff. You must complete an injury report as soon as possible following an accident and submit it to the village staff or worksite staff.
- Remember that we are not just working on a house or community project, we are working to restore hope for the people of New Orleans. Take time to build relationships and to get to know the family or neighbors with whom you are working.
- Project Homecoming will provide basic safety equipment. It is each team's responsibility to ensure that every member of the team uses the equipment provided. You must immediately report to your worksite manager any problems with equipment that does not fit correctly or is not usable.

**The following rules apply to volunteers staying at Olive Tree volunteer village:**

- As part of our daily operations, each worksite team will be assigned daily chores. It is expected that every person on the team contribute to the completion of the team's chores.
- You will be asked to clean up after yourselves. We also ask that you be considerate of the village environment and expectations.
  - Common Room: We have a common room and it is not to be used for sleeping. Pick up after yourself. Put personal items back in your sleeping area. Take dishes to the dishwasher or wash them by hand. Do not leave dishes in the sink.
  - Kitchen: Dispose of food leftovers before you leave. Any mess you make in the kitchen/dining room must be cleaned immediately. This includes wiping down stove/microwave, etc. Do not leave dishes in the sink!
- Laundry: Ask village managers before using.
- Bathrooms: Do not leave personal items in the showers or public areas. Wipe down the sinks and mirrors. Do not leave towels or clothes in the shower and bathroom area.
- Project Homecoming staff will close and lock the gates of Olive Tree at 10pm each evening, which signifies the end of the day. Lights out is at 10pm. However, if you'd like to stay up past that time, we ask that you do so in the TV lounge area and be quiet when returning to your room.
- Check-in and check-out
  - Check-in: Sunday afternoon between 1 and 5pm, unless otherwise arranged
  - Check-out: Any time before Noon on Saturday, unless otherwise arranged