

# Welcome to Paradise!

Sunday, September 25 - Friday, September 30

I hope you can join our work group to Paradise, Sunday, Sept. 25 after church and returning Friday, Sept. 30 in the late afternoon. We will be working with a wonderful group called Hope Crisis Response Network that we have worked with before in Middletown and Paradise. They are rebuilding houses burned in the Camp Fire and they help with a large distribution center. We will have a meeting Sunday August 21 at 9:30 in the Chapel. **Please let Joyce Cox know you intend to go at [b-j-cox@att.net](mailto:b-j-cox@att.net).** Then fill out the attached forms and bring them to the meeting. The cost will be \$250 to cover food and housing (both have increased!).

Meeting; Sunday, August 21 in the Chapel at 9:30

Bring; These forms filled out (please print single sided)

Check for \$250.

Must have an up to date **tetanus** vaccine and to be fully **Covid** vaccinated. The Hope City team is fully vaccinated too.

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Name \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail \_\_\_\_\_ Address \_\_\_\_\_

Skills; Please rate as follows

W = no experience but willing

L = Limited experience - have done it but need guidance

E = experienced and can do it independently

PE = professional experience (include # of years)

Framing \_\_\_\_\_ Finish \_\_\_\_\_ Drywall \_\_\_\_\_ Painting \_\_\_\_\_

Handy \_\_\_\_\_ Mech. \_\_\_\_\_ Siding \_\_\_\_\_ Flooring \_\_\_\_\_

**Welcome  
Fire Recovery  
Northern California**

Dear Group Leader:

On behalf of HCRN, we would like to thank you for choosing to serve alongside us in Northern California. We know that you have many options to choose from with disasters occurring more frequently. The time and energy your group will be giving this area is greatly appreciated.

Hope Crisis Response Network is a 501 (C) 3 non-profit organization, dedicated to helping communities impacted by disasters.

HCRN arrived in Lake County, CA following the Valley Fire in 2015. Since that time, we have served in nearly 60 wildfire responses. Each year has brought more difficult challenges as we work to give the communities safe, healthy housing. We are currently operating in Butte County and Siskiyou County.

In the Response phase of the disaster our goal is to help educate communities, mentor local churches and help establish Long -Term Recovery Groups, which in turn oversee the local recovery efforts. In the Recovery phase we work at “Rebuilding Homes and Restoring Lives.”

During your trip, HCRN will be working to ensure your team’s success. Know that everything your team is asked to do will in some way help a family get back into their home. Each task is important: digging ditches, painting, chalking, framing, flooring and every other little thing that goes into home construction.

We will be praying that God works through the hearts of each individual involved and works through you to strengthen relationships with each other and the families we serve. Be open to what God has for you during this exciting week!

Remember that God’s plans aren’t always our plans, so be open and flexible.

Please review attached documents. ***Please complete all attached forms and return them 10 days prior to your team’s arrival either by email or regular mail.*** Please feel free to contact us with questions.

We look forward to having your team stay with us!

Travis Cox, Volunteer Recruiter <a href="mailto:travis@hcrn.info">travis@hcrn.info</a> 574-333-7728	Kristan Johnson-Hay Housing Coordinator <a href="mailto:kristan@hcrn.info">kristan@hcrn.info</a>
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**Medical Information Form for Adults  
HCRN**

Name of Volunteer: \_\_\_\_\_  
Team Leaders' Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of contact person at home \_\_\_\_\_  
Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_  
***(Attach copy of Insurance Card)***

List all medications, dosage and frequency taken both prescription or over the counter:

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

**List all allergies to medication, food and environment:**

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

Physical Limitations or issues including special dietary needs:

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

I am a diabetic \_\_\_\_\_ Yes \_\_\_\_\_ No  
I have a history of seizures \_\_\_\_\_ Yes \_\_\_\_\_ No  
Provide helpful health information

\_\_\_\_\_  
I consider myself healthy enough to fulfill my responsibilities on this volunteer trip  
\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**A Copy of this form will stay with your Team Leader on all projects.**

## Individual Release of Liability Form for Adults HCRN

**Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Hope Crisis Response Network, Inc.**

I, \_\_\_\_\_ acknowledge and state the following: I have chosen to travel to Northern California to do construction work designed to repair or rebuild damaged 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. I certify that I am in good health and physically able to perform this type of work.

**I understand that the COVID-19 pandemic is still ongoing, and I assume all risk related to this health crisis.**

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

I understand that HCRN provides accommodations, I also 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 for 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 the time.

I understand the need for confidentiality, and will not discuss, photograph or otherwise disclose identifying information about the occupants of the house I am working in without prior permission from HCRN and the family. This includes any reference to names, addresses or other identifiable information.

By my signature, for myself, my estate and my heirs, I release and discharge, indemnify and forever hold Hope Crisis Response Network, Inc., the partners or any other disaster response agency, together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by their own negligence. I also give Hope Crisis Response Network and/or their partners' permission to use any video or photos taken of me on this project for promotional use only.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_



**ADULT PARTICIPANT'S WAIVER, RELEASE, AND INDEMNITY AGREEMENT**  
**Community Church of Sebastopol**  
**1000 Gravenstein Hwy N, Sebastopol CA 95472**

**Participant Information:**

Name:

Address:

Date of Birth:

Phone No.:

E-mail Address:

**Emergency Contact:**

Name:

Relationship:

Phone No.

**Sponsored Activity:**

Description:

Location(s):

Inclusive Dates:

Confirmation of Covid 19 Vaccination: I am fully vaccinated (at least two weeks following a second dose of Pfizer or Moderna or single dose of J&J)

I understand and acknowledge that playing, practicing or participating in any sport or activity can be dangerous and involves risks of injury to my body, my property and others. Nevertheless, I wish to participate in the activity described above.

In consideration of my being allowed to do so, I, and on behalf of my heirs, estate, executor, administrator, and assignees, hereby voluntarily and absolutely release and discharge Community Church of Sebastopol (hereinafter, Church) and its constituent organizations and their trustees, officers, directors, agents, representatives, volunteers and employees, from any and all losses, damages, liability, demands, claims, actions or causes of action for personal injury, property damage, or wrongful death that I may suffer as a result of my participation in the above-mentioned activity or my use of facilities or equipment related to the above-mentioned activity, whether or not such injuries or damages are caused by the negligence (direct or indirect) of any of the entities, individuals listed above or other participating individual.

I hereby warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of recent advice given to me by a duly licensed medical doctor, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor.

I agree to abide by the rules and regulations governing the above-described activity and to obey any instructions given by the person or persons having supervision and control over the above-referenced activity.

I, and on behalf of my heirs, estate, executor, administrator, and assignees, agree to indemnify and hold harmless the Church and its trustees, officers, directors, agents, representatives, volunteers or employees from and against any and all claims, costs, expenses, liabilities, losses, damages, injunctions, suits, actions, fines, penalties, demands or causes of action of every kind or nature whatsoever arising out of my participation in the above-described activity, and under no circumstances will present any claims against said organization and said persons for personal injury, property damage or wrongful death.

I warrant and represent that I am sufficiently covered by a health insurance policy and I agree to rely on it exclusively to address any injury or illness that I may incur.

By signing below, I warrant and represent that I am eighteen years of age or over, and am fully aware of and understand the terms and legal consequences of signing this Waiver and Release. I intend this waiver and release to be a complete and unconditional release of all liability to the greatest extent allowed by law.

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Signature of Participant

Date

# Paradise - Suggestions of Things to Bring

Towel and Washcloth

Old shirts to work in

Long pants and shorts - several old pairs

**Sturdy shoes or boots to work in and tennis shoes are ok.**

Socks

Bandana - some people recommend the neck things you soak in water

Hat

Sunscreen

Sunglasses

**WATER BOTTLE**

Work gloves

Tool Belt with carpenters pencil and measuring tape

Other helpful things might include; putty knife, exacto knife, screw drivers etc.  
(They have tools but if there is something special you want - you can bring it!)

Several casual, cool things to wear after work,

Underwear

Insect repellent

Toilet articles

Ear Plugs if you want

Medicines

Insurance card

Extra glasses if you wear them

If you're wearing earrings, keep them small for safety, book to read,  
cards or games, puzzles

Reading light - if you want to read in the dark

Cell phone charger