



PLEASE PRINT

**NORTH CAROLINA BAPTIST DISASTER RELIEF
GENERAL MEDICAL INFORMATION**
(To be filled out by applicant)



Name: _____ **Birthday:** _____ **Age:** _____ **Sex** _____
(last) (first) (middle)

Address: _____ **City:** _____ **State** _____ **Zip:** _____

Home phone: () _____ **CELL phone:** () _____ **Email:** _____

Marital Status: _____ **Weight:** _____ **Height:** _____

Emergency Contact Person: _____ **Telephone:** () _____

MEDICAL STATEMENT

(All information requested below **must be** filled out before participant can take part in the disaster relief program.)

Medical History:

a. General Health: _____

b. Limitations: _____

c. Any history of the following: trick knee _____ weak ankles _____ bad back _____ other _____

d. Are you subject to: diabetes _____ epilepsy _____ heart disease _____ hypertension _____ other _____

e. Appendix removed? _____ **f. Tetanus shot updated?** _____

g. Medicines taken: _____ **Reason:** _____

_____ **Reason:** _____

_____ **Reason:** _____

h. Allergies(food, drugs, other): _____

Medications used to treat allergies: _____

i. Medical treatment received in the past year: _____

j. Have you had or been exposed to any contagious disease in the past six months? _____. **If so, what?** _____

Physician's Name: _____ **Office Phone:** () _____

Address _____ **City:** _____ **Zip** _____

CONSENT

I hereby give permission for my self; son / daughter / (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.

Signed: _____ **Date:** _____

INSURANCE

Insurance issued in the name of: _____

Address of insured: _____

Name of insurance company: _____

Address of insurance company: _____

Policy number: _____

You must bring this with you filled out. Please leave it with the contact person when you check in. Be sure to also sign in the volunteer register when you check in. Thanks.



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**North Carolina Baptist Men
P. O. Box 1107
Cary, NC 27512 - 1107
(800) 395 - 5102 Fax (919) 460-6329**



ADULT 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 N. C. Baptist Men.

As a volunteer with N.C. Baptist Men projects, I confirm that I am not going as a duly elected representative of my local Baptist church, Baptist Association, Baptist State Convention of N.C. or N. C. Baptist Men, nor as an employee of the Baptist State Convention of N.C. or N. C. Baptist Men.

Please Print: I, _____, acknowledge and state the following: I have chosen to perform _____ resulting from _____.

I understand that this work is hazardous and entails risk of physical injury and often involves hard physical labor, heavy lifting, strenuous activity, long work hours, use of ladders, construction on roofs or other raised surfaces, screws, nails, broken glass, electrical hazards, falls, unloading supplies, accidents while traveling, cuts, bruises, burns, falling debris, falling trees/limbs, and other hazards foreseeable and unforeseeable that are associated with this type of activity. 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 relief team, including myself. I understand these dangers and 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. I assume all risk and responsibility for any damage or injury to my property or any personal injury that I may sustain while involved in this project, and related medical costs and expenses. I also understand that each individual will have the responsibility of providing his or her own health and accident insurance in the event of any illness or injury experienced during this volunteer mission.

In the event that the N. C. Baptist Men arranges accommodations, I understand that they are not responsible 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.

Parents are responsible for children that are minors and the church group leader is responsible for youth under age 18. This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein above stated. I understand that this form will remain in effect for this project and all future projects unless myself or a representative of the N. C. Baptist Men give notice.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold the local Baptist Church, my Baptist Association, Baptist State Convention of N. C and/or the N. C. Baptist Men 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.

Signature Date

Church

Address

Association

City State Zip

Person to Contact in Case of Emergency

() _____
Cell Phone

() _____

Email

Witness

Date