EARLY RESPONSE TEAM OBJECTIVES

Early Response Teams are invited into a disaster area when it is determined that it is safe. Early Response Teams require specialized training, by the appropriate United Methodist annual conference disaster trainer. Early Response teams are completely self-contained (including housing, meals and water) and require no infrastructure support where they serve.

Disaster Response teams support the recovery for survivors and provide:

• Listeners who help the survivors begin to heal
• ‘Ministry of Presence’ which reassures survivors that a church cares about them, takes note of survivor’s needs, and reports them to the Volunteer Reception Center (VRC) in the local disaster or other disaster relief operations.
• Financial and volunteer support.
• Properly trained volunteers responding effectively and professionally when invited, and continue to respond as long as needed, possibly being the “last out”.
• Debris removal and temporary repairs to make a dwelling “Safe, Sanitary, and Secure.” Teams take care to make only the repairs allowable at the appropriate phase of the disaster response, so as not to jeopardize the survivor’s eligibility for government agency assistance or insurance benefits.

TYPICAL DISASTER RESPONSE TEAM TASKS

Debris removal
  • Drag debris to roadsides or other designated place.
  • Because of liability issues, UMCOR strongly suggests that ERT teams in general do NOT include chainsaws for general use; unless the ERT teams are properly instructed by certified trainers.

Tarp (temporary roof repair)
  • Put tarps on roofs to prevent water entering homes.
  • Cover broken doors and windows with plastic/plywood
  • Consider using Tyvek house wrap for durability and cost-effectiveness
  • Hands-on training is recommended.

“Muck-outs”
  • Take many pictures BEFORE removing anything from a property. This is to document, for FEMA and insurance companies, the damage done by the disaster. BEFORE removing anything, ask if FEMA and insurance companies have inspected the property. Do not remove anything until inspector has said it can be moved.
  • Always get the owner’s permission in writing before removing anything.
  • “Muck-out” debris caused by flooding, removal of wet materials to hasten drying out and to prevent mold.
  • Consult with the project coordinator in the affected area to find out what protective clothing and masks may be needed for hazards such as mold and asbestos.

“Repair and Rebuild Tasks”
  • Dry Wall
  • Roof repair
  • Replace windows
  • General repair
  • Rebuild
DISASTER RESPONSE “DO’S AND DON’TS”

TEAM MEMBER “DO’S”

- Understand that people are more important than the task at hand. Be understanding of the psychological stress victims are suffering. Observe… Listen. Possess a spiritual commitment.
- Understand that ownership of disaster must stay with the local residents.
- BE A TEAM PLAYER. Be flexible. Listen to each other. Have a positive attitude. Understand the roles of other members of the team and the line of responsibility. Believe that every person on the team is a part of the Ministry of Caring. Be realistic about issues and problems that are likely to be faced.
- Be willing to admit you don’t have all the answers. Be trained prior to assignment.
- When traveling into a disaster area, have a name badge with picture ID that will allow you into the area.
- Understand the safe use of all equipment and how to avoid potentially dangerous situations.

TEAM LEADER “DO’s”

- Be sure that the team is invited to the area where you are going to work. Register and receive work assignments through the Local Volunteer Reception Center.
- Communicate with the project coordinator in the affected area. Make preparations for food, housing and transportation so that your team members are not dependent on the locals to provide for the team needs.
- Your team will need at least one detailed map for each vehicle in the area. You may also need a local contact that knows the area and is available to be a guide as needed.
- Have the property owners sign a LIABILITY RELEASE FORM before the team begins work; keep some Liability Release Forms in each vehicle. For residences, work only on property that is owned by the resident. (Landlords are responsible for rental property).
- Please work in teams. 2-3 heads are better than one.
- Consult the project coordinator in the affected area. If possible, before leaving home, learn the type of work your team will be assigned. This will help you determine the right tools and the skilled people you will need. BE FLEXIBLE, assignments may change.

TEAM “DON’TS”

- Do not go to a disaster site without an invitation to be in the area.
- Do not go to a disaster site unless you have made your own preparations for food, housing and transportation. Do not ask a project coordinator to transport the team in the affected area.
- In clean-up and debris removal stages, do not attempt to remove trees from over a house and do not repair a home beyond “Safe, Sanitary and Secure”. Always check for what is allowed by FEMA or other agencies in charge.
- Do NO further repairs than those approved. (Example: Frequently, ONLY 4 ft. of sheetrock and insulation is allowed to be removed to prevent further wicking, mildew, etc.)
- If your team is not prepared to complete a certain project, please tell the homeowner they will need another qualified team or even professional help and DO NOT START THAT PROJECT. Remember that a team may actually do more damage to the property.
- Do not make promises.
RECRUITING TEAM MEMBERS

Recruiting team members for the Early Response Team is a key responsibility of the team leader and an important way the team leader contributes to the mission.

DESCRIPTION OF A GOOD RECRUITER

• Prayerful
• Sincere
• Enthusiastic and positive
• Knowledgeable
• Personable and a good communicator
• Persistent

A Good Recruiter Will:

1. Know the specific needs of the mission and the necessary team member roles.

2. Challenge potential volunteers to:
   • Use talents and gifts to fulfill the purpose of the mission.
   • Learn from the experience and grow as Christians.
   • Enjoy the mission.

3. Recruiting ideas:
   • Person-to-person contacts
   • Telephone conversations
   • Contacts with former volunteers to the same area
   • Displays
   • Presentations
   • Brochures
   • Newsletters
   • Personal letters
   • Receptions.brunch
   • Pastor
TEAM MEMBER TASK RESPONSIBILITIES

Team Leader and Asst. Team Leader
- In charge of the team, budget, and finances, member recruiting
- Spokesperson on behalf of the team to the community
- Directs the work of the team
- Safe Sanctuaries Certified
- Team Leadership trained
- Provides for team devotionals

Safety Officer
- Proper use of safety equipment
- Maintain medical information for team members
- First Aid Kit and Medical and Insurance Forms
- Know emergency procedures and location of clinics and hospitals

Base Camp Manager
- Provide and prepare menu, food, estimate cost of meals/snacks
- Manage shelter and shower arrangements
- Bottled water
- Cooking and eating utensils
- Schedule helpers for kitchen duty

Equipment Manager
- Maintains equipment in good order
- Inventory equipment and checkout
- Organize equipment and work supplies

Logistics
- Purchasing agent and arrangement for work materials on site
- Team transportation
- Site safety and conduct
USEFUL SKILLS NEEDED

Construction Skills
1. General Contractor/ Engineer
2. Window/ Door Installer
3. Electrician
   • Painter
   • Roofer
   • Plumber
   • Drywall (hanging, finishing)
   • Carpenter (interior, framing, exterior)
   • Mason (tile setter, block layer, plasterer)
   • Heating/Air Conditioning
   • Insulation
   • Kitchen Cabinets
   • Sorting debris
   • General Helper/Other
   • Do-It-Yourselfer
   • Licensed
   • Extensive handy person, no trade experience
   • Worked trade previously
   • Working trade currently as helper, apprentice, journey

Human Service Skills
• Counseling
• Crisis Intervention
• Casework
• Program Planning
• Youth Work
• Elderly Outreach
• Chaplain
• Stephen Minister
• Prayer Team Member
• Pastor

Other Skills:
• Office worker
• Lawyer
• Equipment Operator
### SUGGESTED TOOLS CHECKLIST

- Ladders
- Pry bars
- Hammers and nailers
- Screw drivers
- Wheel barrows
- Wire cutters
- Pliers and vice grips
- Wrenches
- Trash buckets
- Shovels
- Brooms
- Duct tape
- Sledge hammers
- Axe
- Utility knives
- Flashlights and batteries
- Tool belts
- Folding chairs
- Large trash bags
- Bottled water
- Hand / electric saws
- Chaps
- Chainsaw
- Safety cones
- Coolers
- Ear plugs
- Extension cords
- Gas can
- Gloves – rubber and leather
- Level
- Orange spray paint
- Paint brushes, rollers, pans
- Rain ponchos
- 3 way plug adapters
- Power washer
- Rakes
- Rope
- Safety glasses
- Dust masks
- Shop vac
- Tape measures
- Tarps
- Electric or propane heater
- Roofing hatchet
- ____________________________
- ____________________________
- ____________________________
- ____________________________
- ____________________________
A COVENANT FOR SUCCESS

We are privileged to have the opportunity to serve our great God by being volunteers in mission. Our primary purpose as volunteers is to radiate the love of Jesus Christ. We are to invest ourselves in the mission and honor God in all we do.

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. We will make the best of the quiet time to rest, get acquainted, and enjoy our shared community.

Cooperation is the key. We will need to cooperate with many persons and conditions...Smile! A happy, positive attitude will go a long way, especially on hot muggy days.

I hereby agree to the On-Site Guidelines:

• No alcohol, drugs, or other illegal substances.
• Refer to leader any changes, suggestions, or concerns.
• Work to acceptable standards. Do the best you can, if not better!!!!
• Ask questions if you don’t know how or what to do next. Remember there is no such thing as a dumb question.
• Don’t assume you know the entire building plan. Ask before you start a new project.
• Wear modest clothing—shoulders covered, loose-fitting shorts that are long enough, and sensible, safe shoes.
• Use sunscreen lotion for outside work or play.
• Foul or undesirable language is not permitted.
• Keep workspace and living space neat and clean.
• Don’t criticize, gossip, or start rumors.

❖ Express appreciation to the host of the team.

Signature ________________________________ Date ____________________
LEADER CHECK LIST

GETTING STARTED

☐ Gather everyone interested in organizing an ERT team. Decide whether your team will be a clean up or rebuilding team. Will you include youth and adults?
☐ Seek the endorsement of your local church administrative board, and Conference Disaster Response Coordinator.
☐ Select your location for disaster response.
☐ Set a goal for the amount of money you will raise to pay for project materials and supplies. Decide whether you will raise money to pay the expenses of any team members. Volunteers pay their own expenses as a rule.
☐ Choose a coordinator to handle your travel arrangements including: driving or flying schedules, RV’s, scheduling hotels in route, and tracking gasoline availability and costs.
☐ Set a tentative date and coordinate it with the Volunteer Center in the area you plan to be in mission.
☐ Consider sending the team leader for an on-site inspection in advance. Decide if you will accept team members from outside your own area or church.
☐ Check on insurance coverage provided by your sponsoring church. Accident/accidental death insurance is available through the Conference office.

SELECT PROJECT

☐ Register your team with the appropriate Volunteer Reception Center (VRC) in the local disaster area.
  o Receive confirmation of team dates.
☐ Contact the local project coordinator with whom your team is assigned.
  o Determine type of project and cost of supplies.
  o Determine maximum number of team members the project can accommodate.
  o Make a list of needed skills and recruit team members to fill those positions.
  o Disaster response teams need to be self sufficient for food, transportation, and housing. Plan to take a cook(s) to prepare the team meals. Find out from the project coordinator if team housing (showers) and a kitchen are available. Motel accommodations may not be available in the area. Some area churches may offer housing. The team may need to provide air mattresses and bedding for team members. Find out if the church will have electrical power and safe water to drink. Is gasoline or diesel available? Cell phone service? Will the team need to provide security at night?
    o Arrange with the project coordinator for the team to receive an orientation upon arrival.
    o Establish best form of communication with project coordinator (phone, fax, e-mail).
    o Have a clear understanding of project coordinator’s expectations.
    o Discuss and agree upon transmittal of project funds (means, timing, accountability).
☐ Research rest and relaxation possibilities in the area.

MAKE TRAVEL ARRANGEMENTS

☐ Transportation: Make arrangements for cars, trucks, disaster trailers as needed. Be sure there are enough vehicles so that team members are not stranded at a work site. Do not depend on persons in the disaster area to provide transportation.
☐ Arrange for lodging/meals while traveling from home to the disaster area.
GATHER HEALTH AND SAFETY INFORMATION (See Safety List)

- Emergency numbers:
  - Medical facilities (phone and location).
  - Creative Ministries Office
- First-aid kit needs.
- Worksite safety precautions (hazards such as mold).
- Other health, safety, and security precautions.
- Have evacuation plans in case of severe weather, social upheaval, medical emergency, etc.

DEVELOP TIMELINES

- Departure and return dates.
- Deadlines for registrations, forms and money to be turned in to team leader (set deadline 2-3 weeks ahead of real need).
- Deadline for team leader to turn in money to appropriate treasurer.
- Date for team orientation and training.

PREPARE BUDGET (Take a receipt book for the trip)

- Project funds
  - Cost of the project.
  - Consult with project coordinator of the area. “Will what the team contributes in materials cause the affected family to violate the “duplication of services law”?
  - Funds available from resources other than team members.
- Team expenses
  - Roundtrip transportation.
  - Transportation during the mission (rental vehicles, gasoline, etc.)
  - Daily living expenses (food, lodging). Plan to donate gift to a church or other organization providing housing (minimum $5/person/day). Plan to cook own meals (about $15/day/person).
  - Recreation or side trips.
  - Insurance.
  - Team first-aid kit.
  - Miscellaneous (always include a little extra for unforeseen expenses).
  - Calculate the costs and set the cost per team member.

RECRUIT AND SELECT TEAM (See Recruiting section in manual)

- The size of your team will depend on the project needs. Keep the number of team members to the project coordinator’s request (10-14 is generally acceptable). Consider splitting larger teams into 2 or more teams of 5-6 (have transportation available at each work site).
- Recruit persons with skills needed and general unskilled workers.
- Remember to follow Safe Sanctuaries guidelines for youth to adult ratios.
- Distribute forms to team members and discuss team member application/ covenant; liability release; insurance; medical information and release; emergency contact; parental permission for minors and any others required.
- Announce deadlines for turning in money and forms.
PREPARE THE TEAM

- Project information (place, personnel, work to be done, weather, housing, food, etc.).
- Forms (including accident insurance and medical forms).
- Tentative itinerary for the mission (daily schedule of travel, work, worship, and recreation).
- Sign-up lists for team member responsibilities, (devotions, work assignments, cook, medic, etc.).
- Emergency and contact numbers to leave with families and church office.
- Packing lists. (See “Suggested Packing List”).
- Health and safety information. Be certain to stress any dangers and possible problems or concerns that might arise so that team members fully understand them prior to going. This is critical for you as team leader.
- Cultural information if appropriate.
- Sightseeing or side trip information.
- Clarification of deadlines for payments and forms to be turned in to the team leader.

SAMPLE TEAM SCHEDULE: The schedule may change daily

6:00am—Time to get up and dress
6:30am—Breakfast, devotion (10 minutes) and work assignment
7:30am—Load vehicles with tools, water jugs, snacks, first aid kits-leave for work sites
10:10-10:20am—Break time
12:00 noon—Lunch
1:00pm—Back to work. If hot climate, consider quitting early.
3:00pm—Break Time. Return to housing site.
4:00-6:00 pm—Showers and relaxation
6:00pm—Supper
7:00pm—Clean-up
7:30pm— team devotions, sharing time, plan for the next day
8:30 pm—Games, relaxation, personal time (Relax, music, movie, letter-writing)
10:30pm—Lights out

SUGGESTED PACKING LIST

- Check for need for Suits for handling hazardous materials
- Old work clothing (long pants)
- Heavy work shoes/boots, 2nd pair of shoes, shower shoes
- Heavy duty leather gloves, (may also add cotton and plastic work gloves)
- Face masks (Check for need of charcoal masks if mold is present)
- Safety glasses (should be a team item)
- Personal hygiene items including toilet paper
- Towels/washcloths
- Sleeping bag/air mattress or pad/pillow
- Water bottle/jug/cooler
- Changes of clothing for after work
- First aid supplies (band-aids, disinfectant)
- Medical releases
- Name badges with picture ID, UM logo
- Bible, notebook, pencil
- Insect repellent
PLAN TEAM ORIENTATION MEETING
- Include devotions in meetings.
- Present information in packets.
- Collect forms
- Collect any remaining money due from team members.
- Make name badges with picture ID if possible.

VERIFY ALL ARRANGEMENTS
- Travel.
- Lodging.
- Food and drinking water.
- Ground transportation.
- On-site work information (tools or supplies to bring from home, or money needed to purchase them).
- Daily schedule.
- Receipts for monies spent.
- Recorded health needs of team members and persons to contact in case of emergency.

TRAVEL TO PROJECT LOCATION
- Team leader or designated team member will carry documentation for the team members such as emergency numbers, medical, insurance, parental permission forms.
- Upon arrival, participate in on-site orientation as previously arranged with the project coordinator.
- On site, confirm all arrangements (lodging, meals/water, work project, time schedule) with the project coordinator.
- If team takes a trailer to the disaster area, please check turn signals, trailer lights & brake lights.

DURING THE MISSION
- Remember to BE FLEXIBLE
- Have daily devotions and sharing times.
- Lead the team at the worksite. Review daily reports on the project with the team and project coordinator.
- Worship with a local congregation.
- Keep a journal. It's much better than your memory.
- If the disaster is a declared emergency "Know the rules for FEMA".
- Each team member should have CASH before going on the trip. Gas stations may take cash only. Credit card machines may not be not working because of electricity and no phone lines.
- Keep your vehicle fuel tank topped off when you are getting close to the disaster site.
- Assume nothing. ASK QUESTIONS!!!
- Don't rush into a project/job. Stand back, anticipate what could go wrong or right.
- Be observant of your team members to see if they are getting tired. Think safety always!!! If team members are tired, stop, take a break. As team leader be ready to grant the rest of the day off or take a day off. BE SAFE!

CONCLUDING THE MISSION
- Consider having a farewell meal and a worship/communion service near the end of the mission.
- Invite the project coordinator to assess the mission with team leader and celebrate with team members.
- Have team members complete evaluations and assess the mission.
AFTER TEAM RETURNS HOME (2-3 weeks after return)

- Send letters of appreciation to team and to project coordinator (include some photographs).
- Complete team leader evaluation and send stats for the mission to the Conference Disaster Response Coordinator.

TELLING THE MISSION STORY

- Presentations at church and community gatherings
- Newsletters
- Newspaper articles
- Video, slide or power point presentations
- Web pages

TOPICS TO COVER

- Brief overview of the mission
- Tell a personal story of how the mission touched you. Be positive.
- Relate your experience to your faith and spiritual growth
- Explain future plans for the project. Give information on how to support the mission.
- Express appreciation for support
TEAM SAFETY

SAFETY ISSUES TO CONSIDER

Many injuries result from inexperience or carelessness at a work site. It is important to develop good safety habits. Please pay attention to these safety instructions.

Hands-On Training

- Roof Tarping; Roof Patching
- Safety Procedures
- Muck Outs
- Skid Loader and Chainsaw Safety

Safety Measures

- First Aid/CPR Training for Team Medic
  - Team Safety Officer have medical forms onsite
  - List team members’ food and other allergies
- Does team need to provide own security?
- Do not go out alone
  - No baggy clothing
  - Wear long pants
  - Wear gloves
  - No open-toed or high heeled shoes
  - Bring plenty of socks
  - Leave jewelry at home
  - Have transportation at each worksite
  - Each vehicle needs good map of area.
  - Use 2-way radios when possible

Gear

- Protective clothing
- Positive seal breathing apparatus if needed for dust, mold
- Safety Glasses/goggles fog up
- Hard Hats, Gloves
- Steel Toe, steel shank water proofed/rubber boots
- Ear Plugs

Behavior

- Pace yourself, be well rested and alert
- Think and plan well for each job
- Consider special precautions for working in a hazardous area.
- Have knowledge/training on how to use machines/tools.
- Drink water regularly at the worksite.
- Honor Curfews
- Shots: Have your shot records up-to-date. Consult with project coordinator from the affected site for appropriate immunizations
- Carry current immunization records
- Consider Tetanus (Hepatitis A, B)
**Equipment**—Some require skilled adult use only. Know how to safely use:

- Trailer hook-up and lights/daily
- Generator (always in a ventilated area)
- Power Tools/Hand Tools/Circular saws
- Ladders-20’ ext., 6-8’ step ladder/20’ extension
- Shut off power, even when power is down.
- When removing debris with a vehicle avoid running over a sewer clean-out or water shut off valve in the client’s yard. When digging or removing trees, be aware that utility lines (gas, water, electric, phone, cable, etc.) may be in the area or even entangled in the roots. Report any breakage or abnormalities to the project coordinator in the affected area.

**Hazards in Flooded Homes**
- Creatures under homes, in flooring
- Contaminated water/mud
- Rotten spots/soft spots
- Broken glass, debris

**Buildings with Roof Damage**
- Stepping through weakened roof
- Falling off roof
- Splinters/nails
- Asbestos in the building materials
- Pine needles/wet leaves make surface slippery

**Wind damage**
- Trees down
- Power lines down
- Lots of debris, splintered wood
- Blocked streets
- Litter in general

**MOLD AND SANITATION and INFECTIONS - PROTECTIVE CLOTHING**

- Wear appropriate masks for mold and dust.
- Masks are designed to be used only once. Take a supply of masks with you. For black mold, respiratory masks with R62 rating are recommended.
- New “Haz Mat” suit everyday is essential. Tuck inside our boots so they do not rip.
- Rubber gloves and leather gloves are necessary.
- Work boots with a steel shank in the bottom are best for nail protection.
- Bring lots of safety glasses...better than goggles that tend to fog up.
- Bandanas to tie around hair under suit hood.
- Bring LARGE (2 ½ gallon) zip loc bags to put boots in at day’s end.
- Respirators – For volunteers working in mold/mildew: R-95 respirators are the correct recommendation. The main concern is dry wall dust and/or mold/mildew.
- Asbestos containing materials (ACM) should only be removed or disturbed by persons who are trained and certified to safely dispose of it.
• Skin infection: Cellulitis is a bacterial infection of the skin and underlying tissues. It usually starts with a cut or other break in the skin that becomes red, swollen, tender, painful, and often drains pus.
• Infection from insects: flooding will increase the number of mosquitoes. There is increased risk of West Nile virus and Dengue Fever from infected mosquitoes.

SUGGESTED FIRST AID KIT

Food /insect allergy treatments as needed for individual team members
Extra Strength Tylenol ................................. 100 Tablets
Oral thermometer (glass) ......................... 2
Alcohol ........................................... 1 bottle
Cotton balls ....................................... 100
Band Aids - medium; butterflies ................ 1 box
Q-tips ........................................... 1 large package
Sterile dressings, individually wrapped:

4” x 4” ........................................... 10
Eye pads .......................................... 6
1” paper tape .................................. 2 rolls
2” cloth (regular adhesive) tape ............... 1 roll
Antibiotic ointment ................................ 1 tube
Nonsterile exam gloves ......................... 1 box
Instant ice pack ................................ 1
3” Ace bandage ................................ 2
Finger splint .................................... 2
Calamine lotion ................................ 1 small bottle
Imodium A-D caplets ......................... 2 packages
Pepto-Bismol tablets ...................... 2 packages
Laxative ......................................... 1 package
Myoflex or BenGay ................................ 1 tube
Snake bite kit ................................ 1
Cough drops/syrup ............................. 1 package / 1 bottle
Benadryl ........................................ 1 package
Vaseline ....................................... 1 jar
Eye drops ....................................... 1 small bottle
Blood pressure cuff ............................ 1
Stethoscope .................................... 1
1% hydrocortisone cream ..................... 1 large tube
Sutures ........................................ assorted
Hydrogen peroxide .......................... 1 bottle
Moist towelettes ............................. 20
Motion sickness medication .............. 1
Tweezers ....................................... 1
Scissors ........................................ 1
Nitroglycerine, sublingual .................. 1
SAFE SANCTUARIES POLICY

SUPERVISION AND CARE OF YOUTH DURING ERT MISSIONS

1. Two-Adult Rule. During ERT events one adult will not be alone with a youth or group of youth during the mission. For small group activities where one adult supervises one group, two or more groups are to meet in sight and sound of each other.

2. Four-Year Older Rule will apply at all events. Adults supervising youth on a team will be at least four years older than the oldest youth on the team. When college-age persons are participating in a mission with youth, they will be paired with another adult when they are with youth.

3. Adults and youth will not share motel/hotel rooms unless the adult is a parent of the youth with whom they share the room. Use of dorm rooms with a combination of youth and adults is acceptable when all persons sharing the room are of the same gender.

4. There will be separate sleeping areas for males and for females for team members when youth are team members.

5. When needed, separate shower times for youth and for adults shall be designated to prevent adults and youth showering together (example: in facilities such as the YMCA with open shower areas).

6. The adult/youth ratio on church sponsored mission teams will be at least 1 to 5 for senior high youth and at least 1 to 3 for junior high youth.

7. When a team has both male and female youth members, there must be both male and female adults accompanying the youth on the team.

8. There will be at least two adults at each work site on missions.

9. All youth must have a completed medical release form and a completed parental permission form.

10. No youth team member will be allowed to be alone with an adult from the team or from the disaster mission site during the mission. This includes pastors, congregation members, homeowners, clients of mission agencies, etc.

12. All team leaders of ERT teams must be certified through the appropriate UM Conference certification process. This may include background checks, references and an application. Other adults should also participate in the conference training. Training can be completed on line through the MO Conference website.

13. Written parent/guardian authorization can override the above listed rules. For example, a guardian can give permission for a certain youth to ride a specified distance with a specified adult when traveling with an ERT mission. If there is more than one guardian, all signatures are required.
EMOTIONAL RESPONSES AND STRESS MANAGEMENT

Survivors
For survivors of disaster there are at least four tasks in recovery. People evolve at their own pace and in their own way through these steps. Sometimes good intentions will impede that process.

- Accepting the reality of the situation. [I can’t believe it happened!]
- Experiencing the pain. It’s OK to hurt.
- Accepting that a new situation is required.
- Withdrawing the emotional investment in the past and transferring it to the new.

Team members may find persons in any of the recovery steps often in extreme denial. Watch for signs of shock in survivors. Survivors may be stupefied for a long time. Survivors may have unstable emotions. Observe, listen. “Do no harm!”

Emotional responses that team members may see in survivors
- Rage
- Self-pity
- Sense of loss of control (goes against one’s sense of individual freedom). Traumatic stress.

Volunteers:
- Be aware that you may be invading the privacy of the survivors and respond in a sensitive and caring manner. Remember to stop and help survivor pick through the debris for personal items.
- Pray with your team leader for discernment to see people as God sees them with faults and strengths and strive to love as God loves.
- Be cautious of your own “need to be needed” which can be detrimental.
- Please take care not to create artificial dependence by survivors.
- God will help others through you.

Team members
Volunteer work in a disaster area can be overwhelming. It is recommended that a team be deployed for no more than 10 days. Team members may experience many emotions in response to mission in the disaster area. Watch for responses in your team members that go beyond normal.

- Elation
- Depression
- Guilt
- Denial

The challenge is to maintain resilience and continue to work with care, energy, and compassion. Consider having a Spiritual and Emotional Care team member to help.
Parental and Medical Release Consent Form

We, ________________________________, the parents/guardians of __________________________ (Child’s name)
give our child, a minor residing at ________________________________ (address), permission to accompany United Methodist Volunteers.

I ________________________________ authorize ________________________________ (Mission participant) ________________________________ (Another adult on trip)
If I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which he/she practices, during the duration of the trip identified below.

Project: ________________________________ Dates ________________________________
Home Physician ________________________________ Phone ________________________________
Medical Insurance Provider ________________________________ Phone ________________________________
Policy Number ________________________________ Group Number ________________________________
Allergies ________________________________
Medications ________________________________
Person to contact in the event of an Emergency: Name ________________________________
Relationship ________________________________
Address ________________________________ Phone ________________________________
Blood Type ______ Do you have? Diabetes ______ Yes ______ No ______ Seizures ______ Yes ______ No ______
Physical Limitation ________________________________

Other Medical Information ________________________________

I/We, ________________________________ authorize ________________________________ (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.

Liability Release

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Church, The Board of the South Central Jurisdiction of the United Methodist Church, the MO Annual Conference, and any related agency, conference, district, local church, member, employee or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual’s planned participation or involvement in the above named Mission Project. The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve geographic features such as high altitude, which may have a deleterious effect on persons with heart conditions or respiratory diseases; from extreme heat and humidity with no air conditioning available, or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise but is illustrative of some types of dangers that may be faced. This release covers all rights and actions of every kind, nature and description, which the undersigned ever had, now has or but for this release, may have. This release binds the undersigned and his/her heirs, representatives and assignees.

Participant Signature ________________________________ Date ________________________________

Signature ________________________________

Address ________________________________ Phone ________________________________

Blood Type ______ Do you have? Diabetes ______ Yes ______ No ______ Seizures ______ Yes ______ No ______
Physical Limitation ________________________________

Other Medical Information ________________________________

I/We, ________________________________ authorize ________________________________ (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.
Notarization of Liability, Medical, and Information Release Form

STATE OF ____________________________ COUNTY OF ____________________________

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 same to be the free act and deed thereof.

Notary Public, ____________________________ County ____________________________

State of ____________________________ My Commission Expires ____________________________

Pertaining to the Mission team to ____________________________ (location), we acknowledge that we are allowing our child to participate entirely upon our own initiative, risk, and responsibility. We have been advised and understand that the group may be exposed to unusual risks.

We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

I authorize a physician or other appropriate medical professional to treat my child’s ____________________________ (Name of ailment)

by performing ____________________________ (Name of procedure)

prescribing: ____________________________, and providing such prescription to my child for treatment.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, and our heirs, executors, and administrators, remise, release, and forever discharge the team leader(s), the MO Conference of The United Methodist Church, United Methodist Volunteers In Mission, its officers and members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind, including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip, as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child’s participation in the mission trip, to consent to allow the team leader to act in loco parentis for the duration of the mission trip, and to waive and forego all right of action by ourselves and our child against the parties herein before named.

________________________________________________________________________
Parent/guardian

________________________________________________________________________
Parent/guardian

________________________________________________________________________
Address

________________________________________________________________________
Address
**Medical Liability Release Form**

*(Every Volunteer Needs to Fill Out This Form)*

**RETAIN THIS FORM ON SITE TO USE IN CASE OF EMERGENCY**

Name_________________________________________

Dates of mission trip ______________

Blood type______________________

Seizures: Yes____ No____

I am diabetic: Yes____ No____

Prescription information:

Allergies: ________________________________________________________________________

Name of contact person_________________________________________________________________

Street Address_________________________________________________________________________

City____________________________________State______________Zip__________________________

Phone (work) _____________________ (Home) ____________________ (Cell) ___________________

Relationship to volunteer_____________________________________________________________

My health insurance company is________________________________________________________

Policy number________________________________________________________________________

Home Physician: ________________________________ Phone: ( ) ____________________________

Physical limitations or concerns:

Please provide other helpful health information:

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 in case of emergency.

**Liability Release**

The undersigned releases and agrees to hold harmless the General Board of Global Ministries of the United Methodist Church, The Board of the South Central Jurisdiction of the United Methodist Church, the MO Annual Conference, and any related agency, conference, district, local church, member, employee or agent, from any liability, injury, damages, loss, accidents, delay, or irregularity related to the undersigned individual’s planned participation or involvement in the above named Mission Project. The undersigned has been advised and understands that the project may involve unusual risks to participants. Those risks may involve, among others, situations affecting heart conditions or respiratory disease from extreme heat and humidity with no air conditioning or from extreme cold with no central heating. The foregoing is not an exhaustive list of dangers that may arise, but is illustrative of some types of dangers that may be faced. This release covers all rights and actions of every kind, nature and description, which the undersigned ever had, now has or but for this release, may have. This release binds the undersigned and his/her heirs, representatives and assignees.

Participant’s Signature ________________________________ Date ________________________________
Evaluation of Mission Trip

Name of TEAM LEADER ____________________________________________________________

Name of ORGANIZATION ________________________________________________________

Regional Recovery Area Served_________________________ Dates Served ______________

1. How was your reception when you arrived to work?

2. Did you have adequate advance information about the project?

3. Did you get an adequate orientation to your work site? Y_________ N_________

4. Did you complete the project task? Y_________ N_________

5. Was special equipment available if needed? If NO, what was needed?

6. Did you have any problems? Y_________ N_________

7. If YES, what were they and how can we improve on the situation?

8. Did you have adequate housing? Y_________ N_________

9. What could be done to improve your team’s or another team’s experience?

10. Please comment on the following:

    A. Trip Planning and Communication.

    B. The most important part of the week.

    C. Additional Comments>
Access to Property and Liability Release

(I/We), indicated by signature, are the home owner(s) of the property indicated below. As such (I/We) give permission to the volunteers of the organization indicated below and its affiliated members to work on said property for the purpose of cleaning out, removing debris, and/making repairs to the home.

It is understood that the organization named below and its affiliates do not have insurance coverage for protection against legal claims or liability damage suits that might arise in their work on this home and property. Therefore, in consideration of the services rendered, or to be rendered, on the premises indicated below, (I/We) hereby waive any and all claims or demands that may arise or accrue growing out of any action or omission by said organization, and of its members or helpers, in rendering such service and specifically covenant not to sue it or them for any act or omission.

________________________________________
Home Owner (signature)

________________________________________
Co-owner (signature)

________________________________________
Job Identification # / Type

Phone #

________________________________________
Address

City / State / Zip

Volunteers from

Date

Team Leader Signature
**Participant General 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 Missouri Conference ERT/Disaster Recovery Team.

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 natural or manmade disaster, or who are receiving assistance to repair or replace substandard housing. 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 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 Missouri 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 ___________________________________________________________
Volunteer Team Skills Assessment

Group Name: ________________________  No & Type of Vehicles: ________________________

Team Leader: ____________________    Leader’s Cell: ____________________    Home Town: ____________________

Stay Dates: _______________  Work Dates: _______________

Please have each team member specify skills according to the following levels:
1 = haven’t done yet but willing to try  2 = have done yet need guidance  3 = can do well independently  4 = can do well and guide others  5 = working in trade

| Full Name | Gender | Adult/Youth (A/Y) | Lead work crew (y/n) | Tear out drywall, floors | Framing Carpentry | Finish Carpentry | Electrical | Plumbing | HVAC | Insulation | Drywall Hanging | Drywall Finishing | Siding | Window Installation | Door Installation | Cabinet install, etc. | Flooring: laminate, etc. | Flooring: vinyl, etc. | Tile, ceramic, etc. | Priming, Painting | Roofing | Vehicle Driver | Other Skills (please list) |
|-----------|--------|------------------|----------------------|------------------------|------------------|------------------|------------|----------|------|-----------|-----------------|-------------------|--------|---------------------|-------------------|---------------------|-------------------|---------------------|---------------------|---------------------|-----------------|------------------|
| 1         |        |                  |                      |                        |                  |                  |            |          |      |          |                 |                   |        |                     |                   |                     |                   |                     |                   |                   |                 |
| 2         |        |                  |                      |                        |                  |                  |            |          |      |          |                 |                   |        |                     |                   |                     |                   |                     |                   |                   |                 |
| 3         |        |                  |                      |                        |                  |                  |            |          |      |          |                 |                   |        |                     |                   |                     |                   |                     |                   |                   |                 |
| 4         |        |                  |                      |                        |                  |                  |            |          |      |          |                 |                   |        |                     |                   |                     |                   |                     |                   |                   |                 |
| 5         |        |                  |                      |                        |                  |                  |            |          |      |          |                 |                   |        |                     |                   |                     |                   |                     |                   |                   |                 |
| 6         |        |                  |                      |                        |                  |                  |            |          |      |          |                 |                   |        |                     |                   |                     |                   |                     |                   |                   |                 |
| 7         |        |                  |                      |                        |                  |                  |            |          |      |          |                 |                   |        |                     |                   |                     |                   |                     |                   |                   |                 |
| 8         |        |                  |                      |                        |                  |                  |            |          |      |          |                 |                   |        |                     |                   |                     |                   |                     |                   |                   |                 |
| 9         |        |                  |                      |                        |                  |                  |            |          |      |          |                 |                   |        |                     |                   |                     |                   |                     |                   |                   |                 |
| 10        |        |                  |                      |                        |                  |                  |            |          |      |          |                 |                   |        |                     |                   |                     |                   |                     |                   |                   |                 |
| 11        |        |                  |                      |                        |                  |                  |            |          |      |          |                 |                   |        |                     |                   |                     |                   |                     |                   |                   |                 |
| 12        |        |                  |                      |                        |                  |                  |            |          |      |          |                 |                   |        |                     |                   |                     |                   |                     |                   |                   |                 |
Early Response Team Site Assessment
STEP Form
The First STEP towards Relief

NOTE
This form is not intended to assess a home for repairs or rebuilding. It is used solely to assess whether or not it is an appropriate situation for an average Early Response Team or whether the situation is better suited for the services of specialized teams or professionals.
This form can be used to guide the ERT in their goal to help survivors “prevent further damage”.

Address

Brief description of home:

# of rooms: # Occupants: Currently occupied: Y N

Date of this assessment:

Name of Assessor:

Home Owner (print):

Homeowner signature:

Contact information:

Is this the first assessment for this residence: Y N

If no, who did first?: ____________________________________________ when?: _______________________

Access to property form signed: Y N

Has insurance company been contacted: Y N FEMA Y N (800-621-3362)

STEP CODE: ST = Special Team/skills needed E = Early Response Team appropriate P = Professionals recommended

Degree of damage: On scale of 1 to 5, with 1 being minor and 5 being major, heavily damaged, rate any space you note as damaged.

<table>
<thead>
<tr>
<th>Area</th>
<th>Item</th>
<th>Description</th>
<th>Damaged</th>
<th>Degree</th>
<th>Un-Damaged</th>
<th>Suspect</th>
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**Additional Comments**
# GLOSSARY OF DISASTER-RELATED ACRONYMS AND TERMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAA</td>
<td>Area Agency on Aging</td>
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<tr>
<td>ABC/SB</td>
<td>American Baptist Churches which do disaster work through Church World Service (CWS). Southern Baptists who do feeding and chainsaw work in the emergency phase.</td>
</tr>
<tr>
<td>AMC</td>
<td>AmeriCorps</td>
</tr>
<tr>
<td>ARC</td>
<td>American Red Cross</td>
</tr>
<tr>
<td>CAN</td>
<td>Coordinated Assistance Network – computer program to avoid duplication of assistance</td>
</tr>
<tr>
<td>CENTER MANAGER</td>
<td>The person in charge of the Red Cross Service Center.</td>
</tr>
<tr>
<td>CERT</td>
<td>Community Emergency Response Team</td>
</tr>
<tr>
<td>COAD</td>
<td>Community Organizations Active in Disaster</td>
</tr>
<tr>
<td>COH</td>
<td>Convoy of Hope</td>
</tr>
<tr>
<td>CDRC</td>
<td>Conference Disaster Response Team Coordinator (United Methodist Church)</td>
</tr>
<tr>
<td>CDRC</td>
<td>Conference Disaster Response Team Coordinator (United Methodist Church)</td>
</tr>
<tr>
<td>CWS</td>
<td>Church World Service. The relief arm of the National Council of Churches, also the umbrella for the work of major denominations. Provides trained volunteer consultants to assist in the formation of interfaith recovery agencies.</td>
</tr>
<tr>
<td>DFO</td>
<td>Disaster Field Office</td>
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<tr>
<td>DHS</td>
<td>Department of Human Services</td>
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<tr>
<td>DOB</td>
<td>Duplication of Benefits (FEMA guideline)</td>
</tr>
<tr>
<td>DRC</td>
<td>The FEMA coordinated Disaster Recovery Center (formerly called the DAC – Disaster Assistance Center) where victims can go in person to apply for various federal/state assistance.</td>
</tr>
<tr>
<td>DFO</td>
<td>Disaster Field Office of the Federal Emergency Management Agency (FEMA). This is where the FEMA field operations take place. Usually the DFO and the DRC are in different locations.</td>
</tr>
<tr>
<td>DWI</td>
<td>Disaster Welfare Inquiry. A service of the Red Cross, often in cooperation with the ARRL/ARES in locating persons in the area of disaster.</td>
</tr>
<tr>
<td>EMA</td>
<td>Emergency Management Agency</td>
</tr>
<tr>
<td>ESA</td>
<td>Employment Security Administration</td>
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</tbody>
</table>
FEMA
Federal Emergency Management Agency. FEMA coordinates the Federal Response Plan of the various federal agencies that have responsibility in disaster assistance. Most assistance is directed to the repair of infrastructure. Individual Assistance is largely in the form of low interest disaster loans administered by the Small Business Administration. Some grant money is awarded through the Individual and Family Grant program. FEMA can only come to a state’s aid at the invitation of the governor and approval of the President in the form of a disaster declaration.

FCO
Federal Coordinating Officer. This is the ‘boss’ on site of the federal response.

INTERFAITH
A local non-profit recovery agency made up of representatives of local faith groups and largely funded by their denominations.

LDR
Lutheran Disaster Response - case manager and funds.

LDS
Church of Jesus Christ of Latter Day Saints. Have a strong emergency relief program, especially where their congregations are located.

LEPC
Local Emergency Planning Committee

LTRC
Long Term Recovery Committee

HSUS
Humane Society of the United States

HUD
Housing and Urban Development

MASS CARE
A sheltering service for a large number of persons displaced by the disaster provided by the American Red Cross. Mass care involves mass feeding. Often in a large scale disaster, food is prepared and transported to shelters or distributed by mobile feeding vans. The Salvation Army, Seventh Day Adventists and Southern Baptists also do feeding.

MDS
Mennonite Disaster Service, through which 30 Mennonite and Amish groups cooperate in clean-up and rebuilding for those who cannot do it alone.

MITIGATION
“Reducing the hazard.” Any attempt to reduce future damage and harm such as relocating or elevating homes, building infrastructure to reduce flooding, etc. FEMA’s Project Impact” is an effort to build disaster-resistant communities to help reduce the high cost of recovery.

NGO
Non-Governmental Organization

NVOAD
National Voluntary Organizations Active in Disaster is the umbrella group for all the recognized non-profit agencies that have a national presence in disaster response. It is not an operational entity, but a coordinating, communicating, educational coalition. NVOAD is linked by agreement to the state VOADS and to FEMA.

PDA
Preliminary Damage Assessment

PIO
Public Information Office
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>REACT</td>
<td>Radio Emergency Associated Communications Team. These are the Citizen Band folks interested in assisting with disaster.</td>
</tr>
<tr>
<td>RESOURCE COORDINATING</td>
<td>Formerly called the Unmet Needs Committee. This is a gathering of the case supervisors of the various recovery agencies on site to share resources and avoid duplication.</td>
</tr>
<tr>
<td>SA</td>
<td>Salvation Army. This international agency’s disaster arm is noted for its feeding, casework, warehouse management and other relief efforts.</td>
</tr>
<tr>
<td>SBA</td>
<td>Small Business Administration, an arm of the federal government charged with administering low interest disaster loans to businesses and homeowners. Most governmental disaster assistance to individuals and families is in the form of loans. Applicants must be turned down for a loan before they are eligible for the IFG (Individual and Family Grant) program.</td>
</tr>
<tr>
<td>SDA</td>
<td>Seventh Day Adventist Church. Best known for its work in the emergency and relief stages for operation of distribution of water and pre-cleaned, packaged and sized clothing.</td>
</tr>
<tr>
<td>SEMA</td>
<td>State Emergency Management Agency – SEMA’S mission is to protect the lives and property of all Missourians when major disasters threaten public safety in any city, county or region of Missouri. SEMA responds to two types of disasters - natural and manmade. Natural disasters are major snow and/or ice storms, floods, tornadoes and/or severe weather, as well as the threat of a serious earthquake along Missouri’s New Madrid Fault.</td>
</tr>
<tr>
<td>SERVICE CENTER</td>
<td>Operated by the Red Cross and separate from the FEMA Disaster Recovery Center (DRC). Victims must register with FEMA and the Red Cross to get full assistance.</td>
</tr>
<tr>
<td>UMCOR</td>
<td>United Methodist Committee on Relief, the avenue through which United Methodists work in refugee resettlement, world hunger and disaster response in over 90 countries.</td>
</tr>
<tr>
<td>UMVIM or VIM</td>
<td>United Methodist Volunteers in Mission. A program of the church that links volunteers with projects worldwide. UMVIM and UMCOR have developed a partnership for disaster response.</td>
</tr>
<tr>
<td>VOA</td>
<td>United Organizations Active in Disaster. A state or regional group subsidiary of NVOAD.</td>
</tr>
<tr>
<td>VAL</td>
<td>Voluntary Agency Liaison. Each FEMA region has a VAL whose job it is to interface between the governmental response and the voluntary sector. Red Cross will also appoint a VAL to provide a link between that agency and the other volunteer groups on site.</td>
</tr>
</tbody>
</table>