



General Information for Teams

Worksite Assignments

Most worksites are formally assigned at Orientation once your team arrives. Advance notice for work assignments will be general and is subject to change based on client needs. Please be flexible!

Work Expectations

Volunteers are supervised by professional construction managers. We don't expect you to already be a professional at home repair! (If you are...that's a bonus!) Delta Grace provides a safe environment to learn new skills. Chances are, you will walk away from your mission trip with new knowledge on plumbing, roofing, carpentry, power tools, and more! All we ask is that you listen well, ask plenty of questions, learn as much as you can, and—above all—form relationships with homeowners.

Safety Concerns

All volunteers will be instructed on worksite safety guidelines, and will be provided with proper personal protection equipment. (Note: if you have your own work gloves, safety glasses, earplugs, and other equipment, bring those!)

During the summer months, one of our primary safety concerns is proper hydration. The heat and humidity in the Mississippi Delta provide a dangerous combination when working outside. Please begin hydrating on your travel day so that you are prepared for your first day of work. We encourage groups to drink at least a gallon of water while on the worksite. Sports drinks are NOT a replacement for water, but can be consumed in conjunction with water.

Packing List

"Work" clothing	Sleeping bag/twin sheets/pillow
Water bottle/jug/cooler	Towels/washcloths
Work gloves	Personal hygiene items
Heavy work shoes or boots	Shower shoes
Changes of clothing for after work	First aid supplies
Insect Repellant	Gel hand sanitizer
Sunscreen	Earplugs

Remember, you've signed up for an amazing opportunity to serve and share God's grace with others. Begin praying for your trip and the homeowners you will encounter.



Delta Grace Guidelines

- No alcohol, drugs, or other illegal substances.
- Refer any changes, suggestions, or concerns to your leader.
- Work as hard as you can, and leave your worksite better than you found it.
- Ask questions if you don't know how to do something, 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 and sensible clothing. (Safe shoes, appropriate wording on t-shirts, etc.)
- Sunscreen is **STRONGLY** recommended!
- Watch your words! Gossip, unneeded criticism, and foul language are not permitted.
- Keep your workspace and living space neat and clean.

Delta Grace Covenant

- I will do my best to model Jesus' example of service, grace, and kindness.
- I will leave any area in better condition than it was when I arrived.
- I will respect homeowner's property, as well as Delta Grace Facilities.
- I will listen to group leaders.
- I will know the schedule and be on time.
- I will be willing to lend a hand wherever I am.
- I will be respectful of other people—their property, privacy, and sleep time.
- I understand that while on this trip, I am part of a much larger family. I understand that I can't have my own way all the time and that certain compromises must be made for the good of the group. Therefore, I will do my best to make everyone else's lives easier!
- I will do my best to be even-tempered and understanding all week.
- I understand that any failure to follow the guidelines may constitute action and/or dismissal from Delta Grace.



Participant Liability Form

Fill out one per participant and turn in to Delta Grace upon arrival. **PLEASE COMPLETE ALL FIELDS.**

Name (please print) _____

Street Address _____

City _____ State _____ Zip _____

Birthdate _____ Age _____ M/F _____ Cell phone # _____

Please read before signing. This form constitutes the agreement and understanding of your working relationship as a volunteer with Delta Grace.

I, _____, **acknowledge and state the following:**

- I have chosen to travel to perform construction or other work.
- I understand that his work entails a risk of physical injury that 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 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 and related medical costs and expenses which I may sustain while involved in this project.
- I understand that Delta Grace is neither responsible nor liable for my personal effects and property, and that they will not provide lock up or security for any items.
- I will hold Delta Grace and Sunflower United Methodist Church harmless in the event of theft or loss resulting from any source or cause.
- I give Delta Grace permission to take photographs and use the photographs for promotion of the Delta Grace ministries.
- By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold harmless MS Conference and Sunflower United Methodist Church in conjunction with Delta Grace together with its officers, agents, servants, and employees, 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.
- I have read and will adhere to the Delta Grace Guidelines and Covenant.

Signature _____ Date _____

Group Name _____ Team Leader _____

Parent/Guardian Signature (if participant is under 18) _____

Medical Release Form



If your group does not have medical release forms of your own, each participant should fill out this form and turn in to Delta Grace upon arrival.

Name (please print) _____

Street Address _____

City _____ State _____ Zip _____

Email _____ Birthdate _____

Emergency contact name _____

Emergency contact phone _____

Organization _____

Medical Information:

Health Insurance Provider _____

Policy Number _____

Current medications _____

Circle all that apply:

Allergies

Epilepsy

Diabetes

Heart Condition

Blood type (if known) _____ Physical limitations or concerns _____

Signature _____ Date _____

Parent/Guardian Signature (if participant is under 18) _____