

Compassion Ministries  
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phone: 1-888-592-6776  
[compassion@efca.org](mailto:compassion@efca.org)  
[www.compassionministries.org](http://www.compassionministries.org)



Dear Crisis Response Team applicant:

Thank you for considering serving the Lord through EFCA Compassion Ministries - Crisis Response Team efforts. Presently, we are seeking teams made up of people from the same church or geographic location if possible. Organizing our efforts through work teams will greatly assist our planning efforts.

Outlined below is the application and acceptance process:

1. Work with your local church pastor to select a point person who will serve as the team leader and single point of contact. We encourage multiple churches from an area to collaborate in sending a multi-church team. This team leader will help organize the necessary paperwork and arrangements.
2. Complete the entire team application form.
3. Once the application form is complete and you have met with your pastor, fax the team application form to **(985) 893-0175 attention: Jenn. PLEASE FAX ONLY THE APPLICATION PAGE**. Bring the rest of the information forms (address lists and waivers) upon arrival to the relief area.
4. When we have received your team's information, the team point person will be contacted **within 5 working days** by a Compassion Ministries on-site coordinator. Your application will be reviewed and you will receive confirmation of team assignment.
5. Once your team has been confirmed, the team is required to attend an on-site training.
6. Anyone volunteering who is skilled as an arborist will need to show proof of license as well as verification of workman's comp insurance. Please make sure necessary forms and proof of insurance are brought to the on-site training.

Thanks for your willingness to assist in this way.

Jim Snyder  
Director, EFCA Compassion Ministries



**CRISIS RESPONSE TEAM APPLICATION**

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

**Church Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**Team Information:**

Team Leader: \_\_\_\_\_ # of Men: \_\_\_\_\_ # of Women: \_\_\_\_\_  
Phone (Cell): \_\_\_\_\_ **Total # of Team Members:** \_\_\_\_\_  
Phone (Other): \_\_\_\_\_  
Email: \_\_\_\_\_

**Special team skills:**

*(e.g. plumbing, carpentry, electrician, etc.)*

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

**Special equipment you will bring:**

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

**Travel Information:**

Requested Arrival Date and Time: \_\_\_\_\_

Requested Departure Date and Time: \_\_\_\_\_

*If at all possible, we would like to schedule the times and dates for your team. Please try to be flexible.*

**Approval:**

Pastor / Elder: \_\_\_\_\_ (Print name) \_\_\_\_\_ (Signature)

Phone: \_\_\_\_\_

**Phone Notes:**

Date	Name	Details	On-site contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do not fax this page in. You will be asked for it at a later time.



**TEAM MEMBER INFORMATION**

Church Name: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone (H): \_\_\_\_\_  
Phone (C): \_\_\_\_\_  
Email: \_\_\_\_\_  
Medical: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone (H): \_\_\_\_\_  
Phone (C): \_\_\_\_\_  
Email: \_\_\_\_\_  
Medical: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone (H): \_\_\_\_\_  
Phone (C): \_\_\_\_\_  
Email: \_\_\_\_\_  
Medical: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone (H): \_\_\_\_\_  
Phone (C): \_\_\_\_\_  
Email: \_\_\_\_\_  
Medical: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone (H): \_\_\_\_\_  
Phone (C): \_\_\_\_\_  
Email: \_\_\_\_\_  
Medical: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone (H): \_\_\_\_\_  
Phone (C): \_\_\_\_\_  
Email: \_\_\_\_\_  
Medical: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone (H): \_\_\_\_\_  
Phone (C): \_\_\_\_\_  
Email: \_\_\_\_\_  
Medical: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone (H): \_\_\_\_\_  
Phone (C): \_\_\_\_\_  
Email: \_\_\_\_\_  
Medical: \_\_\_\_\_



## **EFCA Waiver and Indemnity Agreement**

I hereby agree to the following provisions waiving all liability as against the Evangelical Free Church of America (EFCA), its officers and directors, and all employees, volunteers, agents, and departments of the EFCA including but not limited to EFCA – Office of the President, EFCA – International Mission (EFCA-IM), EFCA National Ministries (EFCA-NM), EFCA – Urban Intercultural Mission (EFCA-UIM), EFCA – Pastoral Ministries, EFCA Accounting & Finance, EFCA Ministry Advancement, EFCA Foundation, NextStep Resources, EFCA Ministry Campaign Services, etc., and agreeing to indemnify and hold the EFCA (including its officers, directors, employees, volunteers and agents), absolutely harmless under the circumstances described below:

1. I have applied for and been accepted to participate in this venture in partnership with Compassion Ministries of the EFCA to participate in a Christian missionary and humanitarian Venture involving the following:

2. I represent to the EFCA that I have undertaken all necessary preparations in order to participate in the Venture, including any physical examination by a physician that I deem necessary and obtaining all immunizations that are required or that I desire. I further represent to the EFCA that I am healthy, in good physical condition, and able to undertake this Venture safely.

3. I acknowledge that this Venture involves many substantial risks to my health and safety as well as the safety of my property and personal belongings. These risks include, but are not limited to, risks inherent to international travel such as accident, delay, diversion, lost or stolen luggage and personal belongings. These risks also include such things as illness, injury, animal attack, severe weather, civil or political unrest, war, criminal activity and terrorism.

4. I hereby agree to waive and hold the EFCA absolutely harmless from any liability or legal responsibility of any kind whatsoever under the laws of the United States of America, the laws of the State of Illinois or any other State, or the laws of any other country that may be alleged to apply, for any and all injury or loss that I sustain by way of bodily injury, illness, death, or loss of my property that occurs during or in connection with this Venture from all risks that arise therefrom, including those risks specifically mentioned herein. I understand that by signing this agreement that I will not be able to recover any monetary compensation whatsoever from the EFCA by way of suit or settlement for injuries or losses that are described herein. I also agree that if I or my estate were to bring suit against the EFCA seeking to recover damages for any such injuries that I will indemnify and hold the EFCA absolutely harmless for all costs and expenses incurred by the EFCA in defense of such a suit.

5. I hereby agree to indemnify and hold the EFCA absolutely harmless from any liability or loss whatsoever that may result to EFCA, arising out of my participation in this Venture, including any actions on my part which are alleged to create a liability to any third person, including other participants in the Venture.

6. To the extent any portion of this Agreement is deemed invalid or in violation of public policy or law, the remainder of the Agreement shall remain in full force and effect.

(signed) \_\_\_\_\_ (printed) \_\_\_\_\_  
Venture Applicant

\_\_\_\_\_ Date