



Lutheran Disaster Response

Volunteer Rebuilding Program: St. Croix

516B Hospital Street, Frederiksted, VI 00840-3824

Phone: (340) 719-1760 • Fax: (340) 772-0589

VOLUNTEER APPLICATION FORM

Email completed application to: stcroixrebuilding@lssvi.org Questions? Call 340-719-1760

Legal Name
(As it appears on drivers license/passport) _____

Preferred Name or Nickname
(What should we call you) _____

Address _____

City, State/Territory Zip code _____

Email _____ Cell Phone# _____

Other Phone# _____ Male Female

Date of Birth _____ T-shirt size _____

Drivers License
State/Number _____ Expiration Date _____

US Passport Number _____ Expiration Date _____

Emergency Contact _____ Phone# _____

Relationship to you _____ Email _____

Have you served on a previous mission trip to St Croix? YES NO If yes, which team? # _____

- Have you been a volunteer rebuilder elsewhere? YES NO

If yes, please list locations: _____

- Are you interested in being a Team Leader? YES NO
- Are you interested in being a Construction Leader? YES NO

Are you interested in volunteering for 1 week 2 weeks 3 weeks 4 weeks

List available dates for volunteering
(or team numbers) _____

Do you plan to volunteer by yourself with spouse with child(ren) with friend/colleague

If with spouse, please list full name _____

If with child(ren), please list full name(s) _____

If with friend/colleague, please list full name _____

*** (NOTE: each person interested in volunteering must complete an individual application form.)**



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MEDICAL INFORMATION FORM

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Legal Name
(As it appears on drivers license/passport) _____

Address _____

City, State/Territory Zip code _____

Email _____ Cell Phone # _____ Other Phone# _____

Emergency Contact #1 _____ Phone# _____

Relationship to you _____ Email _____

Emergency Contact#2 _____ Phone# _____

Relationship to you _____ Email _____

Date of last physical examination _____

Your Physician _____ Phone# _____

Medical Insurance Provider _____ Phone# _____

Policy Number _____

- Will your health insurance cover your medical expenses on St. Croix? YES NO
- Does your health insurance include air ambulance coverage? YES NO
- Are you purchasing mission trip insurance covering your time on St. Croix? YES NO

Do you have any allergies? YES NO

If yes, please list them. _____

Do you have reactions/sensitivities to insect stings/bites that will require medical attention?

YES NO If yes, please explain.

Do you need any special accommodations for meals/food choices, sleeping accommodations, work requirements, etc.?

YES NO If yes, please describe request.

Optional Section (It is your choice whether to complete this section)

I, _____ authorize _____
(Participant) (Adult on trip)

If I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under general or special supervision and on the advice of any physician and surgeon licensed to practice medicine by the state or country in which they practice, during the duration of the trip identified above.

Medications I take

The rebuilding work on St Croix is full day, outdoors, in the Caribbean sun, and involves roofing. Our volunteer housing is not air-conditioned. **Please make sure you are healthy enough for this activity. If you are unsure, consult your physician.** Please call us if you need additional information on work requirements. **Please consult your health insurance provider to ensure you will be covered in the Virgin Islands for medical expenses.** If your health insurance does not provide air ambulance coverage from the Virgin Islands, we strongly suggest you purchase mission trip insurance that includes air ambulance benefits. **If you use medication or an epi pen, etc. for insect stings/bites make sure you bring it on the trip** and keep it with you at all times. Please read our FAQ for additional consideration regarding health and food/meal arrangements.

Participant signature

Date

Construction Experience

Please rate your experience on a scale of 0-5
(0 being 'no experience' and 5 being 'very experienced')

Name: _____

Date: _____

Skill	Not experienced at all					-	Very experienced				
Concrete	0	1	2	3	4	5					
Framing Carpentry	0	1	2	3	4	5					
Finish Carpentry	0	1	2	3	4	5					
Metal Roofing	0	1	2	3	4	5					
Cutting Wood Rafters	0	1	2	3	4	5					
Masonry	0	1	2	3	4	5					
Drywall	0	1	2	3	4	5					
Plumbing	0	1	2	3	4	5					
Electrical	0	1	2	3	4	5					
Painting	0	1	2	3	4	5					
Mold Remediation	0	1	2	3	4	5					
Cleaning / Muck and Gut	0	1	2	3	4	5					
Demolition / Site Prep	0	1	2	3	4	5					
Managing Work Crews	0	1	2	3	4	5					
Comfortable on Roofs	0	1	2	3	4	5					
Comfortable on Ladders	0	1	2	3	4	5					
Comfortable driving a 15-passenger van	0	1	2	3	4	5					

Please provide comments below including any additional skills that may be useful for this mission:
