

Formstack Roster Instructions

Roster should be submitted at this link: https://sbdr.formstack.com/forms/team_roster_form

Response: Click in the empty box, then click on the disaster you are responding to.

Deployment site: Click in the empty box, then scroll & click on the site where you have been assigned to go. List is alphabetical by state.

Convention: select "Tennessee."

Unit Number or Team Name: Type in your unit number using all caps. Example: TN RC 002.

**If you are taking a team of people but not a trailer, you will be assigned a Team Name by the state DOC (Disaster Operations Center).*

Replacement Team: DO NOT check this box! The only time it is used would be if you took your unit (trailer) and a team of people, worked a week, then left the trailer and sent another team of people to work with it *during the same disaster response*. The second team's roster would be marked as a Replacement Team.

Substitute roster: check this box ONLY if are re-submitting your roster *for this deployment* because someone was added or deleted after you submitted the original roster.

Unit/Team Type: check the appropriate box(es). If you are doing mud-out (flood recovery), chainsaw, tarping, or heavy equipment, check "Recovery." Another line of boxes will then appear, for you to check which type of Recovery work you will do. If a chaplain is going with your team, check the "Chaplain" box in addition to your team's type.

Your information & Unit Leader information: First fill in YOUR name, phone, etc. Then, if you are the Unit Leader, check the box that asks – your info will fill in automatically in the Unit Leader section. If you are an Admin volunteer, fill in Your Info and the Unit Leader's info as instructed.

Travel info: Click the boxes to choose the correct dates for Departure, Arrival Time, and Return. ETA- time doesn't have to be precise, but as best as you can estimate. "Return" date should be the date you will *leave the response site* to begin traveling home.

Team Members: Fill in the number of women and men on your team. It will automatically total them.

Team Roster: You have the choice to upload a file or enter names manually. Upload means you already have the team names & other info typed into a document or spreadsheet that you can send as an attachment- choose YES, then click the BROWSE button to attach your file. Most people choose NO and then type in the names and genders of their team.

Almost done! After adding all team members, click NEXT at the bottom right of page. Review the info, then click SUBMIT at the bottom right. Ta-da! You've done your roster in Formstack!

Questions while filling out your roster? Questions while filling out your Daily Report? Call Wes Jones at (615) 371-7927 or (712) 253-4408 or Elizabeth Holmes at (615) 371-7926.

Responding Team Roster Submission Form

Please complete this form when you have your team members identified. This information is critical to the IMT as they prepare for your arrival.

If you have an electronic document with the names of your team members and their gender you can upload that document rather than enter the individual team member information.

Be sure all the information is correct before you hit the submit button.

A copy of your report will be emailed to your convention SBDR director, the Response IMT, and the SBDR DOC.

You will also receive a copy of your report.



Response*

The incident this unit/team is deploying to

Deployment site*

Convention*

Which convention are you from?

Unit Number/Team Name*

Put your assigned unit number here

Replacement Team

This is a replacement team

Check this box if you are replacing a team be sure to use the same Unit Number or Team Name so the IMT knows who you are replacing.

Substitute Roster

The roster replaces a previously submitted roster

Check this box if you are submitting a substitute roster. Re-enter or upload the complete roster with needed corrections.

Unit/Team Type*

- Assessment
- Chaplain
- Childcare
- Communications
- Feeding
- Incident Management/Admin
- Recovery
- Shower/Laundry
- Other: _____

What type of activity are you deploying to do? Check all that apply.

Your Firstname*

Your Lastname*

Your Contact Number*

Can we send text messages to this phone*

Yes No

Your Email Address*

Enter your email address

Check this box if you are the Unit Leader/Blue Hat

Unit/Team Leader Firstname*

Unit/Team Leader Lastname*

Unit/Team Leader Phone*

Unit/Team Leader contact while deployed

Texts*

Yes No

Can we send text messages to this phone?

Unit/Team Leader Email*

Departure Date*

Feb 2020

Date the team will leave home for the response field

ETA*

Feb 2020 08 : 49 AM

When do you expect to arrive at the assigned response location?

Return Date*

Feb 2020

Date the team will leave the response field

Female team members*

Number of female team members

Male team members*

Number of males on the team

Total

0

Total number of team members

Team Roster

You can either enter your team member names one at a time here or you can upload a file with your team member information.

Uploaded file can be MS Word, MS Excel, PDF, JPG or Text

Upload team roster?*

- Yes
- No

Unit/Team Leader*

Leader Gender*

Please Select One

First Name

Last Name

Person 2

Gender 2

Please Select One

First Name

Last Name

Person 3

Gender 3

Please Select One

First Name

Last Name

Person 4

Gender 4

Please Select One

First Name

Last Name

Person 5

Gender 5

Please Select One

First Name

Last Name

Person 6

Gender 6

Please Select One

First Name

Last Name

Person 7

Gender 7

Please Select One

First Name

Last Name

Person 8

Gender 8

Please Select One

First Name

Last Name

Person 9

Gender 9

Please Select One

First Name

Last Name

Person 10

Gender 10

Please Select One

First Name

Last Name

Add additional team members

Yes

No

Next »

Arrival Notification Form

Please complete this form when you arrive at your deployment location.

Check the information in the fields to be sure it is correct.

Be sure to indicate your current location on the form.

Your convention leadership will be glad to know you arrived safely.

This notification is sent to your convention SBDR director, the response IMT office, and the NAMB DOC.



Convention*

Select your convention from the list

Response*

Which response are you deploying to?

Location*

Where are you now?

Unit Number/Team Name*

Your Firstname*

Your Lastname*

Your email address*

Your contact number*

Phone number where you can be reached

Can we send text messages to this phone*

Yes No



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Unit/Team Leader Firstname*

Unit/Team Leader Lastname*

Unit/Team Leader Phone*

Contact number while deployed

Texts*

Yes No

Can we send text messages to this phone?

Unit/Team Leader Email

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Responding Team Deployment Report

Complete this form as your team leaves the response field and when you begin your trip home.

Please verify all information is correct.

You can edit any information that was carried over from a previous form submission.

Your convention SBDR director, the Response IMT, and the SBDR DOC will all be notified that your team is on the way.

You will also get a copy of your report.



Returning Home

Check the box above if you are now leaving the response location and returning home.

Response *

Select the Response you are deploying to

Destination *

Eta to Destination *

Feb 27 2020 08 : 49 AM

Convention *

Select your convention from the list

Unit Number/Team Name *

Unit/Team Type *

- Assessment
- Chaplain
- Childcare
- Feeding
- Incident Management/Admin
- Recovery
- Shower/Laundry
- Other: _____

What type of activity are you deploying to do. Check all that apply.

Your Firstname *

Your Lastname *

Your contact number *

Can we send text messages to this phone?

- Yes
- No

Your email address *

A copy of your report will be sent to this email address.

Check this box if you are the Unit Leader/Blue Hat

Unit/Team Leader Firstname *

Unit/Team Leader Lastname*

Unit/Team Leader Phone*

Texts*

Yes No

Can we send text messages to this phone?

Unit/Team Leader Email

Copy of your report will be sent to this email address.

Current location (city, state or state, highway, mm)*

Number of women with you?*

Number of men with you*

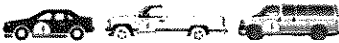
Number of vehicles with you?*

0

All vehicles your team is bringing.

Vehicles

Use these images and descriptions as you enter the number of vehicles your team is bringing with you. This information will assist the IMT as they work out the needed parking space for your units. These sizes refer to travel length **not** operational setup dimensions.



Passenger vehicle car/truck/van (no trailer)

Passenger Vehicles

0



Passenger vehicle with trailer (flatbed, box, gooseneck, etc.)

Passenger vehicle w/less than 20' trailer

0

Passenger vehicle w/20'+ trailer

0



Bus/motor coach

Bus/motor coaches

0



Box/Flatbed truck

Box/Flatbed trucks (less than 20' box or bed)

0

#Box/Flatbed trucks (20'+ box or bed)

0



Road Tractor w/trailer (flatbed, box, etc.)

Road Tractors w/trailer (less than 32' trailer)

0

Road Tractors w.trailer (32' trailer)

0



RVs (all types)

RVs (travel trailer, camper, Class B or C)

0

RVs (Class A Motor Coach, 5th Wheel)

0

Formstack Daily Report Instructions

Submit Daily Reports by using one of the following:

- Preferred: use the link sent to you in the email that confirmed receiving your deployment/arrival notice. This will carry over much of your unit information, saving you time.
- Or use this link - https://sbdr.formstack.com/forms/daily_report.

Response: Click in the empty box, then click on the disaster you are responding to.

Site: Click in the empty box, then scroll & click on the site you are assigned to. List is alphabetical by state.

Report Period: Generally, you will choose ONE DAY because reports are supposed to be submitted daily. But if you aren't able to submit a report for a day, you can submit multiple days together on one report the next time you are able to submit.

Convention: select "Tennessee."

Unit Number/Team Name: Use the EXACT SAME number or name that was used for your roster.

Is this an IMT/IC Report? Check NO unless you are an Incident Commander or Site Admin (not Unit Admin).

Final report: Only check this box when you are submitting a report for your last day (the day you arrive home). Your final report should include your travel hours in the "Work Hours" section.

Activity Reporting: On travel days that you don't work – select "Travel Only." Otherwise select your unit's work. Remember to select "Chaplain" if there is a chaplain accompanying your team.

Your information & Unit Leader information: First fill in YOUR name, phone, etc. Then, if you are the Unit Leader, check the box that asks – your info will fill in automatically in the Unit Leader section. If you are an Admin volunteer, fill in Your Info and the Unit Leader's info as indicated.

Items to report: Only check this if it applies. For example, if there was an injury on your team enter it here even though you have reported it to Incident Command. If no incidents or injuries, skip to the next item. (If you check one of these boxes, you will receive an email with a link to an Incident Report form.)

Morning Devotion/Meeting and Evening Debrief: check YES if your unit had one or attended one on site.

Volunteer Days SBDR: Enter the number of trained DR volunteers on your team who worked that day. (If the report covers more than one day, multiply # of volunteers X number of days). DO NOT count DR-trained volunteers from another state if any were combined in with your unit – they will be counted on a report from their own state.

Volunteer Days Other: This would include any non-DR-trained people you brought with you or local non-DR-trained people who worked with you that day.

Work Hours: Multiply # of volunteers times # of hours worked that day. Example: 4 people worked from 8:30 to 5:30 with an hour off for lunch, so total work hours is 4 people X 8 hours each = 32.

Professions of Faith: # of salvation decisions made because someone with your unit shared the gospel that day.

Gospel Presentations: # of individuals your team (including chaplain) shared the plan of salvation with that ended with an invitation to receive Jesus as their personal Savior.

Ministry contacts: # of people your team, excluding the chaplain, had prayer, an encouragement conversation, or a spiritual discussion with, or gave a tract or Bible that day.

Chaplaincy contacts: # of people your team *chaplain* had prayer, encouragement, spiritual discussions, tracts, Bibles, etc. that day.

Other Decisions, Bibles, Tracts: Fill in these numbers, whether done by your chaplain or other team member.

Needs Follow-up: check YES if you have names to submit for spiritual/emotional care follow-up, then enter name, job # or address, and phone #. Add brief description of the need (e.g., "Accepted Christ, needs to be connected to a church" or "Needs emotional care.")

Your unit's Activity Report: The last section will be specific to your unit, depending on what you checked under "Activity Reporting" above. Enter numbers as requested. Leave as zero anything that doesn't apply to your unit's work for that day.

Almost done! Click NEXT at the bottom right of page. Review the info, then click SUBMIT at the bottom right of that page. That's it for today!

Questions while filling out your Daily Report? Call Wes Jones at (615) 371-7927 or (712) 253-4408 or Elizabeth Holmes at (615) 371-7926. You can also ask your site admin for help.



Complete this Daily Report each day between supper and going to bed. The information will be sent to Incident Command, your convention SBDR director and the NAMB DOC. The reporting individual and Unit Leader email addresses entered in the form below will also receive a copy of the report.

Response*

Site*

This is your deployment location

Is This an IC/IMT Report*

- Yes
- No

Report Period*

- One day
- More than one day

How many days does this report cover?

Report Date*

If report covers more than one day enter first day here

Convention*

Select your convention from the dropdown list

Unit Number/Team Name*

Enter this EXACTLY the SAME each day

Final Report

- Check here if this is your final report for this deployment

Activity Reporting*

- Travel ONLY
- Assessment
- Chainsaw
- Chaplaincy
- Child Care
- Communications
- Debris Removal
- Feeding
- Fire Clean Up
- Flood Clean Up
- Generator
- Heavy Equipment
- IC/IMT
- Laundry
- Mass Distribution
- Medical Ministry
- Repairs
- Security
- Shower
- Site Support
- Temporary Roofing
- Water Closet
- Water Purification
- Not Listed

Check the boxes for all activity you need to report now. Please DO NOT check a box if you do not have numbers to enter

Your Firstname*

Your Lastname*

Your Contact Number*

Can we send text messages to this phone?*

- Yes
- No

Can we send text messages to this phone

Your Email Address*

Enter nolme@namb.net if you do not have an email address. Providing your email address will save time entering your next report

- Check this box if you are the Unt/Team Leader

Unit/Team Leader Firstname*

Unit/Team Leader Lastname*

Unit/Team Leader Phone*

Texts*

- Yes
 No

Can we send text messages to this phone?

Unit/Team Leader Email

You must enter an email address here if you want the Unit/Team leader get an email copy of this report

Items to Report

Check appropriate boxes below. Be sure to complete the Incident Report form after you submit your report.

You will have a link to the Incident Report form in the email you receive after your report is submitted.

Illness or Injury Property Damage Other

Check any of these that you need to report

Morning Devotion/Meeting*

- Yes No

Evening Debrief*

- Yes No

Volunteer Days - SBDR*

Remember to multiply your team members by the number of days this report covers. ONLY count SBDR volunteers working with your team here

Volunteer Days - Other*

Local and other non-SBDR volunteers who worked with you

Volunteer Days - Total

Total number SBDR and other volunteer days during this report period

Work Hours*

Total number of hours worked by all volunteers included in the numbers above

Professions of Faith*

Gospel Presentations*

of individuals your team shared the plan of salvation with that ended with an invitation to pray to receive Jesus as their personal Savior?

Ministry Contacts*

Ministry Contacts include "prayer", "spiritual discussions", "encouragement conversations", "spiritual tracts given to individuals" by any team member

Chaplaincy Contacts*

This includes "prayer", "spiritual discussions", "encouragement conversations", "spiritual tracts given to individuals" by a chaplain

Other Decisions *

0

Bibles Distributed *

0

Tracts Distributed *

0

Needs Followup *

Yes

No

If you have names to submit for Emotional/Spiritual Care followup check YES



Next »