

Assessor		Job Number	
Phone #		Job Priority	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Work Needed: (Enter Completion Date) <input type="checkbox"/> Chainsaw <input type="checkbox"/> Flood <input type="checkbox"/> Roof <input type="checkbox"/> Fire <input type="checkbox"/>			

Office Use Only

Southern Baptist Disaster Relief Property Owner Request for Assistance

THIS IS NOT A CONTRACT



Date _____

Property Owner _____ Occupant (If Different) _____

Address

House # _____ Street _____

City _____ County or Parrish _____ State _____ Zip _____

Latitude _____ Longitude _____

Phone 1 _____ Phone 2 _____ Phone 3 _____

Special Needs

Wheelchair Hearing Impaired Visually Impaired Mentally Impaired Responder

Other (Explain) _____

Does property have... Homeowner's Insurance? Flood Insurance?

Is this your primary residence? Yes No

Can work be done without the property owner present? Yes No _____ Initial

Permission granted for team to take photos of property and persons Yes No _____ Initial

Electricity is... On Off

Water is ... On Off

Gas is ... On Off

Provide a brief description of the work that needs to be done:

I (Print Name) _____ hereby release from liability and agree to hold harmless the Southern Baptist Convention Disaster Relief volunteers, their representatives, agents and or employees for any damage or injury that may occur on my property, including personal property or to my person, which may occur during the cleanup operation. I further understand and agree that there is no warranty, implied, written or oral, for any work performed on my property by said volunteers. **I understand that the Southern Baptist Disaster Relief is a volunteer organization that has limited volunteers, limited financial and material resources, and makes no guarantee that said service will be provided.** Additionally, I further understand **THAT THIS IS NOT A CONTRACT TO PROVIDE SERVICES!**

Property Owner's Signature _____

Dated: this _____ day of _____ 20__

Attach appropriate assessment forms to this document

Work Completed (Date)		Unit Director	
Assessor		Phone #	Job #:
Last Name		Address:	

Southern Baptist Disaster Relief Chain Saw Assessment Form



Type of team needed:

A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
Chainsaw Unit plus required equipment and trained personnel to climb and work in trees	Chainsaw Unit plus required equipment and trained personnel to work from ladders and roofs	Chainsaw Unit that only works from the ground and has all of the required equipment and trained personnel	Any Ministry other than a Chainsaw unit (i.e. Mobile Cleanout Unit) with 1 or more chainsaws

Climbers Needed Yes No
 Heavy Equipment Needed Yes No
 Specify _____

Priority 1

Downed trees that prevent re-establishment of power to home: Yes No
 Tree(s) or limbs blocking entrance to the house or driveway: Yes No
 Trees on house Yes No
 Trees on roof Yes No
 Is roof punctured? Yes No
 Need temporary roof repair? (Attach Temporary Roof Repair form) Yes No
 Special Instructions: _____

Priority 2

Tree(s) and or limbs near house, preventing necessary repairs: Yes No
 Tree(s) and or limbs on well house or storage building: Yes No
 Large tree(s) in yard need to be cut up to manageable size for removal: Yes No
 Special Instructions: _____

Priority 3

Tree(s) in front yard needs to be cut to manageable size for removal: Yes No
 Small limbs and brush removal needed: Yes No
 Tree(s) in back/side yard need be cut to manageable size for removal: Yes No
 Special Instructions: _____

Other Information

Can debris be stacked at curb? Yes No

If no, where should debris be placed? _____

Number and size of trees to be cut/moved: _____ 5"-15" _____ 16"-25" _____ 25"-35" _____ >35"

Notes:

Attach this document to the **Property Owner Request for Assistance form**

Work Completed (Date)		Unit Director	
Assessor		Phone #	Job #:
Last Name		Address:	

Southern Baptist Disaster Relief Flood Recovery Assessment Form



Type of building(s): Home Guest House Mobile Home Outbuilding

Damage visible from exterior Foundation Exterior walls

Is property safe for entry/work? (Structural or environmental) Yes No

Does property have a basement? Yes No

Are air-flow barriers needed? Yes No

Basement

Water line: 1"-6" 7"-12" 13"-36" 37"-48" Above 48"

Floor covering: None Carpet Tile Wood Cement

How many rooms? _____

Is mud/silt present? Yes No Depth of mud/silt _____"

Is mold visible? Yes No

Wall type: Wood (Paneling) Drywall Block

First Floor

Water line: 1"-6" 7"-12" 13"-36" 37"-48" Above 48"

Floor covering: None Carpet Tile Wood Cement

How many rooms? _____

Is mud/silt present? Yes No Depth of mud/silt _____"

Is mold visible? Yes No

Wall type: Wood (Paneling) Drywall Block

To be removed:

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Debris | <input type="checkbox"/> Cabinets-Kitchen/Bathroom | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Flooring * (Note Below) | <input type="checkbox"/> Hot Water Heater |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Drywall | <input type="checkbox"/> Content |

Exceptions: _____

Floors to be removed _____

Needs:

Packing boxes needed Yes No

Water Source - Can use neighbors? Yes No # of feet away _____

Dumpster - Property owner is supplying Yes No

If one is required, property owner is responsible for providing.

Can debris be stacked at curb? Yes No

If no, where should debris be placed? _____

All surfaces need: Pressure Washing Sanitizing

Attach this document to the **Property Owner Request for Assistance form**

Work Completed (Date)		Unit Director	
Assessor		Phone #	Job #:
Last Name		Address:	

Southern Baptist Disaster Relief Temporary Roof Repair Assessment Form



Type of building(s): Home Guest House Mobile Home Outbuilding
 Are there any Electrical Hazards: Yes No
 If yes, describe _____

Trees on house: Yes No
 Can teams remove trees? Yes No
 There are trees or limbs near home, preventing needed repairs: Yes No

We cannot remove trees off the structure, but we can cover to help reduce further damage:

Type of Roof: Shingle Roll Roofing Metal Tile
 Is deck missing: Yes No
 Are trusses damaged: Yes No
 Does jurisdiction allow that trusses be repaired without requiring engineering: Yes No

Percentage of shingles missing: _____ %

Percentage of tabs missing: _____ %

Whole shingles missing: Yes No

Is there an electrical source available? Yes No

Where? _____

Dumpster - Property owner is supplying Yes No

If one is required, property owner is responsible for providing.

Can debris be stacked at curb? Yes No

If no, where should debris be placed? _____

Materials Needed:

Plywood _____ 4' x 8' Sheets	Plastic Sheeting ___ Rolls 20'x100'	Roofing Cement _____ Tubes
Shingles _____ Bundles	30# Felt _____ Rolls	Flashing _____ Rolls
_____ 2x4 Length _____	Roll Roofing _____ Rolls	_____ Rolls of Roofing Tape
_____ 2x6 Length _____	Furring Strip _____ Bundles	_____ Nails

Other materials: _____

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Work Completed (Date)		Unit Director	
Assessor		Phone #	Job #:
Last Name		Address:	

Southern Baptist Disaster Relief Fire Recovery Assessment Form



Type of building(s): Home Guest House Mobile Home Outbuilding

Foundation: Slab Stem Wall Basement

Construction: Vinyl Siding Wood Metal Stucco/Brick

Square Footage of building(s): _____

Square footage of lot: _____

Driveway: Dirt/Gravel Paved Level Steep Uphill Downhill

Concerns:

- | | |
|---|---|
| <input type="checkbox"/> Chemicals | <input type="checkbox"/> Stray animals |
| <input type="checkbox"/> Poison Ivy/Oak | <input type="checkbox"/> Poisonous snakes |

Has there been a hazardous waste inspection? Yes No

Equipment Needed:

- | | |
|--|--|
| <input type="checkbox"/> Tractor/Skid Steer with Bucket and Grabbers | <input type="checkbox"/> Wood Chipper |
| <input type="checkbox"/> Excavator/Back Hoe | <input type="checkbox"/> Dumpster/Debris Container |
| <input type="checkbox"/> Cutting Torch/PPE | <input type="checkbox"/> Heavy Duty Chains |
| <input type="checkbox"/> Powered Metal Saw/PPE | <input type="checkbox"/> Water Buffalo |
| <input type="checkbox"/> Chainsaw/PPE | <input type="checkbox"/> |

Are there areas to be sifted? Yes No

If yes, are they noted on the **House Located on Lot Supplement**? Yes No

What should be done with items of value located? _____

Attach this document to the Property Owner Request for Assistance form

Work Completed (Date)		Unit Director	
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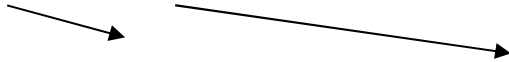
Assessor		Phone #		Job #:
Last Name		Address:		

Southern Baptist Disaster Relief House Located on Property Form



In the space below or an additional page sketch an outline of the property, indicating the dimensions:

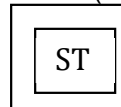
Indicate slope of land by arrows (the longer the arrow, the steeper the slope):



Locate and outline the house, garage and other buildings on property, giving dimensions:

Draw and label (by name [8'] if possible) frontage roads (streets) adjoining property and driveway(s).

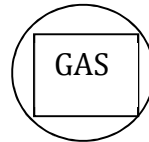
Locate and identify septic tank and drain lines:



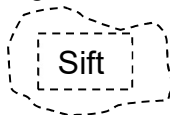
Locate and identify water source, well, cistern and water lines



Locate propane tank and line or natural gas line



Locate and identify areas to be sifted.



Identify significant trees to be saved and those to be cut down.



Suggest location for saved salvage, debris bins, hazardous waste, cut logs, brush debris

Indicate **North** direction of property on drawing with arrow and letter.



Sorry We Missed You

TENNESSEE BAPTIST DISASTER RELIEF

SORRY WE MISSED YOU

WE CAME BY TO HELP WITH YOUR REQUEST FOR ASSISTANCE. SORRY WE MISSED YOU. PLEASE CONTACT US AT THE LOCATION BELOW OR CALL:

_____.

LOCATION:

Date: _____ Time: _____ Job #: _____

Assessor



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