

This is page 1 of 4 of the
Property Owner Request
Form dated 1-8-2013. Form
is posted at www.bgco.org

Southern Baptist DR Region 3

Property Owner Request for Volunteer Assistance

For Office Use Only
Work Order # _____

Priority: 1 2 3 4

Team Needed:
A B C D
(See reverse for description)

Assessor Signature

Zone # _____
Date: _____

Property Owner Name:		
Address:		
City:	State:	Zip:
Home #:	Cell #:	Work #:

Do you have insurance? **YES NO** If YES, Name of Insurance Carrier: _____

Will the property owner be present? **YES NO** If NO, should work be done? **YES NO**

Can debris be stacked at curb? **YES NO**

1. How many people live in house? Birth-18____19-40____41-59____60+____

2. Are there any health problems to be considered?

Heart problems ____Asthma ____Handicap ____Emphysema ____Diabetes ____Other _____

3. Do you have a church home? **YES NO** If YES, name of church _____

Job Description **based on description by property owner** (Category A, B, or not A or B) _____

Special Instructions (Situations or Hazards): _____

RELEASE: (Must be signed before any work can begin)

I hereby release from liability and agree to hold harmless the volunteers for any damage or injury that may occur on my property, to any of my 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 Relief teams are a volunteer organization and make no guarantees that said service will be provided. I understand that **THIS IS NOT A CONTRACT TO PROVIDE SERVICES.**

Property Owner Signature _____ Date _____

Renter/Leasee Signature _____ Date _____

(If a rental or lease property the renter/leasee must sign in addition to the property owner)

Upon Completion of Job:

Unit Assigned: _____ Date Completed: _____

[] Work Completed [] Work incomplete (describe what remains) _____

Unit Leader Signature: _____

Names of Volunteers who worked job:

[] Bible given [] Tract given [] Prayer [] Gospel shared [] Salvation [] Other

Name of Assessor _____	Date Assessed _____
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CHAIN SAW

WO # _____

PRIORITY 1

- __Tree on house __Tree on roof-no hole __Tree on roof w/hole
- Tree/limbs blocking entrance to the house or driveway
- Number of trees needing to be cut/moved ____Size ____
- Home is exposed to weather and needs immediate attention
- Persons with special needs (medical, elderly, etc.)
- Tarp or plastic needed? How much? _____
- Downed trees that prevent the reestablishment of power to the home. Make sure power is **OFF and disconnected from pole.**
- Other _____

PRIORITY 2

- Tree/limbs near house, preventing necessary repairs
- Tree/limbs on neighbors, needing removed
- Tree/ limbs on out buildings or fences
- Tree/limbs near house preventing further yard clean up

PRIORITY 3

- Trees/ limbs in yard, but not preventing access to any necessary areas
- Trees/limbs in yard needing little or no chain saw work
- Small limbs and brush removal needed

PRIORITY 4 (Declined Job)

- Tree/limbs on house and lack of proper equipment to remove
- Danger of power lines/utilities preventing work
- Lack of proper legal signature for release
- Other (describe) _____

Team Classification

A = Experienced crew/w heavy equipment

B = Experienced crew w/no heavy equipment

C = Crew w/limited experience and limited equipment

D = Inexperienced crew/no equipment

Assessor's Comments _____

	Attempts to Contact Property Owner (Date and Time):		Results:
1			
2			
3			
4			
5			
6			
7			
8			

MUD-OUT

Name of Assessor _____

Date Assessed _____

WO # _____

PRIORITY 1

- Flood water in house for several days at or above floor level
- Complete mud-out and gut-out may be necessary
- General condition is poor (Note: General condition refers to a combination of foundation, floor, roof, trim, cabinets, frame, walls, etc.)
- Homeowner lacks replacement insurance
- Other _____

PRIORITY 2

- Flood water in house for short period at or below floor level
- House was opened and allowed to dry out
- Only limited mud-out or gut-out required
- General condition is medium

PRIORITY 3

- Describe _____

PRIORITY 4 (Declined Job)

- Danger of power lines/utilities preventing work
- Lack of proper legal signature for release
- Other (describe) _____

Team Classification

- A = Experienced crew/w heavy equipment
 B = Experienced crew w/no heavy equipment
 C = Crew w/limited experience and limited equipment
 D = Inexperienced crew/no equipment

Assessment of Total Damage:

- Destroyed (cleanup and repair not practical)
- Major (45% or more total damage)
- Minor (45% or less total damage)
- Affected

Landscape of work area:

- Flat Paved Up Hill Down Hill
- Steep Dry Wet Other

Warning: Does power to home/structure pose any dangers?Type of structure: Frame Brick Mobile Metal Block Other _____

Building Size (Approx.): Width _____ Length _____ Stories _____

If standing water, note depth: Basement _____ Crawl space _____ Living Space _____

Basement:

Finished YES / NO Number of rooms _____ Floor Covering: _____
 Mold Visible YES / NO Height of mold on walls _____ Type of Walls _____
 Seepage present YES / NO Mud/Silt/Debris depth _____

Main Level :

Finished YES / NO Number of rooms: _____ Floor Covering: _____
 Mold Visible YES / NO Height of mold on walls _____ Type of walls: _____
 Seepage Present YES / NO Mud/Silt/Debris depth _____

Can debris be stacked at curb YES / NO

Is dumpster required YES / NO

IF A DUMPSTER IS REQUIRED, THE
 HOMEOWNER IS RESPONSIBLE TO
 CONTRACT FOR THE DUMPSTER.

Location for dumping mud: ON
 property Off property Other _____

Work Needed:

Dewatering	Appliance Removal	
Floor Covering Removal	Wall Covering Removal	
Debris Removal	Contents Removed	
Pressure Wash	Sanitize	
Remove Dry Wall	Insulation Removal@2 ft increments	

	Attempts to Contact Property Owner (Date and Time):	Results:
1		
2		
3		
4		

Name of Assessor_	Date Assessed
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ASH OUT

WO # _____

PRIORITY 1

- Unsafe area due to safety issues (trees likely to fall, etc.)
- Home may be made available for living quarters
- Walls still standing
- Persons with special needs or children in household

PRIORITY 2

- Trees blocking access
- Total destruction of home
- Outbuildings burned but not home
- Trees and/or limbs in danger of falling but away from the home

PRIORITY 3

- Trees and/or limbs in yard
- Other minor chainsaw work

PRIORITY 4 (Declined Job)

- describe _____

Assessor's Comments _____

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Building Type	Home	Guest House	Mobile Home	Outbuildings	
Foundation Type	Slab	Pier & Beam	Basement	Sq. Ft. in Home	
Construction Type	Wood frame	Brick	Other		
Siding Type	Wood	Metal	Stucco, Brick, Rock	Distance to Road	
Driveway Type	Paved	Dirt/Gravel	Steep	Level	

EQUIPMENT NEEDED:	Heavy Duty Chains	
Tractor/Skidsteer w/Bucket & Grabber	Dumpster/Debris Container	
Cutting Torch	Chainsaw	
Powered Metal Saw	Water Buffalo	

	Attempts to Contact Property Owner (Date and Time):	Results:
1		
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6		
7		
8		

Name of Assessor_

Date Assessed

WO # _____

House located on lot:

Locate and mark the following using these symbols:



Home/Building



Location of Brush/Debris



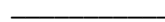
Outbuildings/Sheds/Pool



Trees (Standing and Fallen)



Septic tank



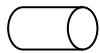
Water Line



Well/Water Met



UG TV Line



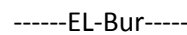
Gas/Propane tank



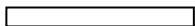
UG Telephone Line

XXXXXXX

Fence



UG Electric Line



Driveways/Walkways



UG Gas Line

Name of Assessor_	Date Assessed
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Assessor: Remember to leave this copy of the RELEASE with the property owner.

RELEASE: *(Must be signed before any work can begin)*

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