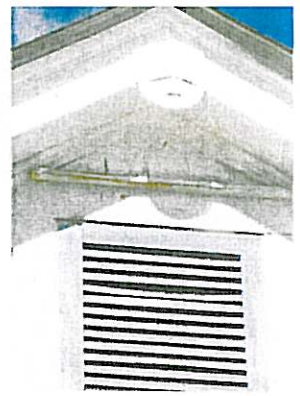


Order of Malta Home Repair Program – PHASE IV

New Orleans, Louisiana



VOLUNTEERS NEEDED

September 2009 – May 2010

About the Program

Since March 2006, the Order of Malta has enjoyed a successful partnership with Rebuilding Together New Orleans, Catholic Charities of New Orleans, and the New Orleans Marriott to restore homes ravaged by Hurricane Katrina in the sections of Tremé, Gentilly, and New Orleans East. Over 800 volunteers—including members of the Order of Malta from all three U.S. Associations—offered a week of their time and, over the course of 21 work-sessions, were able to help over 30 families return to their homes.

In Phases I & II large groups of volunteers were needed to repair homes that sustained major damage and required extensive work. During these phases volunteer teams of 40-50 would labor throughout the week and still the houses would be weeks from completion. In Phase III, smaller groups of 20-30 volunteers were needed to work on houses that required more “cosmetic-type” work. Since the nature of the repairs was less extensive,

the Phase III volunteers were able to make a house move-in ready after a week’s worth of labor.



About Phase IV

Since the program has proven so successful and since there is still great need among the citizens of New Orleans, Phase IV has been announced and the program extended for seven more sessions—September 2009 through May 2010 (exact work-weeks listed below). Only 25 volunteers per work-session will be accepted—since the nature of the work requires this size group. Our efforts will once again be concentrated in the Tremé/ Esplanade Ridge section of New Orleans—nearby downtown/French Quarter. These neighborhoods—in center-city—are situated on higher ground than other areas, and so, have the highest likelihood of eventually being entirely re-built.



Phase IV Work-Sessions

- Sunday, September 13 – Friday, September 18
- Sunday, October 11 – Friday, October 16
- Tuesday, December 8 – Sunday, December 13
- Sunday, January 24 – Friday, January 29
- Sunday, February 21 – Friday, February 26
- Sunday, March 28 – Friday, April 2
- Sunday, May 9 – Friday, May 14

Phase IV Information

- Seven teams of 20-25 volunteer workers per work-session needed
- Volunteers arrive on their own Sunday afternoon and check-in at the New Orleans Marriott on Canal Street.
- We work Monday through Thursday (Wednesday through Saturday in December) from 8:00 a.m. until 4:00 p.m.
- All three meals provided with a farewell party on the last night
- Friday (or Sunday in December) is a travel day

Frequently Asked Questions

What kind of work will we be doing?

There is a job for everyone...of all skill levels! There will be skilled tradesmen, provided by Rebuilding Together, on-site at each session. Volunteers will be assigned to assist the tradesmen according to their skill level—including such works as scraping, cleaning, painting, landscaping, dry-walling, taping, installing appliances, and hauling supplies. Nobody will be asked to do anything beyond their ability/comfort level.

Who can volunteer?

Knights, Dames, candidates, family, and friends are invited to participate. Volunteers must be at least 18 years-old and healthy enough to perform fairly strenuous labor.

Where will the volunteers be staying?

We will be staying at the New Orleans Marriott on Canal Street. Our generous partners at Marriott are offering our rooms at a greatly reduced rate and graciously provide very nice accommodations for our volunteers.

What about meals and other logistics?

There will be a simple breakfast (muffins, fruit, juice, and coffee) served at the hotel; a boxed lunch at the jobsite; and, a hot dinner served at the hotel. There will be a briefing meeting before dinner on the first night and a farewell banquet on the last night.

Do I have to pay anything?

Yes. In order to keep our costs down and to direct our funds to the Home Repair Program we ask all volunteers to pay a registration fee that covers the hotel room, all meals, in-town transportation, shirts, hats, and other expenses associated with the project. The registration for members of the Order, candidates, family, and friends is \$600 per person.

What do we wear?

Work clothes and sturdy boots / shoes. All volunteers will be outfitted with 4 t-shirts and a hat. Gloves and dust masks will be provided at the jobsite.

How do I participate? – If you wish to participate, please send completed registration and medical forms, a signed waiver, and full payment to the Federal Association office as soon as possible.





ORDER OF MALTA HOME REPAIR PROGRAM
NEW ORLEANS, LOUISIANA

PHASE IV / SEPT 2009 – MAY 2010

Volunteer Registration

(Please complete and send a separate registration for each volunteer)

Name: _____

Address: _____

Phone: _____ Fax: _____

D.O.B. _____ e-mail: _____

Emergency Contact: _____ phone _____

Tee – Shirt Size - S M L XL XXL

Technical Skills? — Please indicate if you have any carpentry or technical skills that can be put to good use on this project.

Please check the week (1) you wish to work:

- | | |
|--|---|
| <input type="checkbox"/> September 13 – 18, 2009 | <input type="checkbox"/> January 24 – 29, 2010 |
| <input type="checkbox"/> October 11 – 16, 2009 | <input type="checkbox"/> February 21 – 26, 2010 |
| <input type="checkbox"/> December 8 – 13, 2009 | <input type="checkbox"/> March 28 – April 2, 2010 |
| | <input type="checkbox"/> May 9 – 14, 2010 |

Payment —

Amount Enclosed (\$600 per person) \$ _____

Single Room Double room — name of roommate _____

Please make check payable to: Order of Malta Hurricane Relief Fund

Mail to: Order of Malta, Federal Association
1730 M Street, Suite 403
Washington, DC 20036

Fax – 202-331-1149



MEDICAL INFORMATION FORM (confidential)

This Health Form must be submitted along with application and payment. Thank you.

Name: _____

Volunteers must be in good health in order to participate. Volunteers are responsible for bringing their own medication(s)/devices and should bring backups or extras of everything. This form must be completed and on file for every volunteer, and all volunteers must bring their health insurance cards with them.

The Center for Disease Control (CDC) recommends that persons going to the Gulf region obtain a tetanus/diphtheria booster shot (must be within the past 10 years).

Date of last tetanus/diphtheria booster (must be within past 10 years):

Please describe any medical conditions or restrictions:

Please list medications and dosage:

Primary doctor : _____

Phone: _____

Medical Insurance Company: _____

ID Number: Group Number: _____

Please send this to: SMOM – Federal Association
1730 M Street, Suite 403
Washington, DC 20036

Fax – 202-331-1149



**ORDER OF MALTA HOME REPAIR PROGRAM
VOLUNTEER WAIVER OF LIABILITY**

Volunteer Name: _____

WAIVER OF LIABILITY

In consideration of participation in the Order of Malta / Rebuilding Together New Orleans' program to repair, renovate, improve or construct homes in the New Orleans area (hereinafter sometimes referred to as the "Project"), I AGREE TO INDEMNIFY, RELEASE, DISCHARGE, AND HOLD THE SOVEREIGN MILITARY ORDER OF MALTA (SMOM), THE PRESERVATION RESOURCE CENTER AND REBUILDING TOGETHER NEW ORLEANS, A PROGRAM OF THE PRESERVATION RESOURCE CENTER, (THE PRESERVATION RESOURCE CENTER AND REBUILDING TOGETHER NEW ORLEANS ARE COLLECTIVELY REFERRED TO AS "RT"). I AGREE TO RELEASE THESE ORGANIZATION'S RESPECTIVE BOARD OF DIRECTORS, EXECUTIVE DIRECTOR, THEIR OFFICERS, SERVANTS, AGENTS AND EMPLOYEES, AND THE HOMEOWNER WHOSE HOME IS UNDER REPAIR, HARMLESS FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, DEMANDS, DAMAGES, ACTIONS, OF CAUSES OF ACTION, INCLUDING ILLNESS, DISEASE, BODILY INJURY OR DEATH, WHATSOEVER ARISING OUT OF OR RELATED TO THE PROJECT, OCCURRING DURING OR ARISING FROM MY PARTICIPATION IN THE PROJECT, OR OCCURRING WHILE IN, ON, OR UPON THE PREMISES WHERE ANY ASPECT OF THE PROJECT IS BEING CONDUCTED OR IN TRANSPORTATION TO AND FROM SAID PREMISES.

I understand that the Project may require me to enter and work on homes that are in various degrees of disrepair, including but not limited to those with known or unknown structural defects and I am fully aware of risks and hazards connected with participation in the Project, including but not limited to the risks as noted and released herein, and hereby voluntarily elect to participate in the Project, and to enter the premises selected by RT and engage in such activity knowing that the activity may be hazardous to me. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR BODILY INJURY, ILLNESS, DISEASE, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY ME, AS A RESULT OF BEING ENGAGED IN ACTIVITIES RELATED TO THE PROJECT.

It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns, and personal representative, if I am not alive, shall be deemed as a release, waiver, discharge and covenant not to sue RT or SMOM; their respective Board of Directors, Executive Director, their officers, servants, agents and employees. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the state of Louisiana.

I further understand and agree that by participating in the Project, that (i) I may become exposed to biological and chemical hazards unique to post-Katrina New Orleans, but not limited to, exposure to mold, mold spores, and chemicals used in the treatment and removal of mold and mold spores; (ii) exposure to mold and mold spores carries with it certain risks including, but are not limited to: allergic reactions, irritation associated with volatile organic compounds (VOCs), invasive disease, mycotoxicosis; (iii) these risks are increased if I am elderly or suffer from immune system deficiencies due to disease, chemotherapy, or other causes; (iv) infants are also susceptible to increased risks; and (v) I should make every effort to avoid exposing family members to contaminated clothing or tools.

I understand that SMOM and RT, their Board of Directors, Executive Director, their officers, servants, agents and employees or the homeowner whose home is under repair will not be responsible for any medical costs associated with an illness, disease or bodily injury I may sustain or contract.

I further agree to become familiar with the rules, regulations and safety guidelines or material safety data sheet issued by the manufacturer or seller of any tool, product, or material used during the course of the Project and not to violate said rules and that I will further assume the complete risk of any activity done in violation of any rule, warning, directive or instruction.

I also understand that I should and am urged by to obtain adequate health and accident insurance to cover any disease, illness or bodily injury to myself that may be sustained during the Project or the transportation to and from the Project.

In signing this release, I acknowledge that I have read the foregoing waiver of liability and hold harmless agreement, understand it and sign voluntarily as my own free act and deed; no oral representation, statements or inducements apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate, and complete consideration fully intending to be bound by same.

Volunteer (Signature) Date: _____

Witness (Print Name)

Witness (Signature) Date: _____

Fax – 202-331-1149