



ORDER OF MALTA®
FEDERAL ASSOCIATION, U.S.A.

Volunteers Needed

Order of Malta New Orleans Home Rebuilding Program

New Orleans, Louisiana

November 2012 – March 2013

Since March 2006, over 1000 volunteers from all across the US have participated in the Order of Malta New Orleans Home Rebuilding Program. Thanks to a successful partnership with Rebuilding Together, Catholic Charities of New Orleans, and the New Orleans Marriott our volunteers have worked 37 one-week work sessions in Treme, Gentilly, and New Orleans East - and **45 families have moved back in their homes** as a result of the great work done by our Order of Malta volunteers.



In the beginning huge groups of our volunteers worked on homes with major damage which required extensive and expensive repairs. Teams of 40 - 50 volunteers worked all week, and oftentimes the house would still be far from completion. Since 2008 we have sent smaller groups of our volunteers (15 - 20) to work in houses that required less construction and more finishing touches. The hope is that at the end of our work week the homeowner will be able to move back in. We need six teams of volunteer workers team for each of the weeks listed below. Volunteers will arrive on their own on Sunday afternoon, and check into the New Orleans Marriott on

Canal Street. Most weeks we work Monday – Thursday from 8:00 AM – 4:00 PM. All three meals will be provided, and there will be a farewell party on the last night. There is no work on Friday.



What are the Work Weeks?

2012

November 11 - 16

2013

January 20 - 25

March 10 – 15

March 24 - 29

Who can volunteer? – Knights, Dames, candidates, family and friends are invited to participate. Volunteers must be at least 18 years-old.

What kind of work will we be doing? - Don't worry - there is a job for everyone! Our volunteers will be assigned to help the skilled tradesmen provided by Rebuilding Together. We will be scraping, cleaning, painting, landscaping, dry-walling, taping, installing appliances, and hauling supplies. Nobody will be asked to do anything that they can't handle.

What else do we do? - It's not just all work. Most nights after dinner in the hotel our volunteers will take a walk to see the sights and listen to the live music that the French Quarter is famous for. There will be a tour of the city one afternoon after work, and Mass is available for our volunteers every day at either St. Louis Cathedral or Immaculate Conception Church – both an easy walk from the hotel. In addition, on Wednesday morning our volunteers attend Mass with the school community at St. Peter Claver Parish. This is the parish in Treme where our volunteers have worked on over 20 homes.



Where will the volunteers stay?

– We stay at the New Orleans Marriott on Canal Street. The good people at Marriott in the French Quarter offering our rooms at a reduced rate and have been very generous to this program and gracious to all of our volunteers.

What about meals and other logistics?

– There will be a simple breakfast (muffins, fruit, juice, and coffee) at the hotel, a boxed lunch at the jobsite, and a delicious dinner every night back at the Marriott. There will be a simple briefing meeting before dinner on the first night and a Farewell Banquet on our last night.

Do I have to pay anything?

Yes. In order to s-t-r-e-t-c-h our funds for the Home Renovation Program we ask all volunteers to pay (almost all of) their way. Members of the Order, candidates, and friends pay \$ 735 for the week. This covers your hotel room, all meals, in-town transportation, shirts, hats, and other expenses associated with the project. Members of the Auxiliary (anybody under age 35) will pay \$500 per person.

What do we wear?

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

What to do?

– If you wish to participate, please send in your sign-up sheet and payment as soon as possible to the Federal Association office.

Questions?

– If you have any questions, please contact [John Reilly](#), the chairman of the NoLa Rebuilding Program Committee.



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Order of Malta New Orleans Home Rebuilding Program

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Volunteer Sign-Up Sheet

(Please send in a separate sign-up sheet 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:

2012

_____ November 11 – 16

2013

_____ January 20 – 25

_____ March 10 – 15

_____ March 24 - 29

Payment -

Amount Enclosed (\$735 per person, \$ 500 for volunteers under age 35) \$_____

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 Wash DC 20036

Order of Malta - New Orleans 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.

_____ Date: _____
Volunteer (Signature)

Order of Malta - New Orleans Home Repair Program

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 make check payable to: Order of Malta Hurricane Relief Fund

Please mail application and payment to:

SMOM – Federal Association

1730 M Street, Suite 403

Washington, DC 20036

Fax: 202-331-1149/ e-mail: info@orderofmalta-federal.org