

ALABAMA BAPTIST DISASTER RELIEF TRAINING SITE HOST AGREEMENT

Thank you for your interest in hosting a training event for the Alabama Baptist Disaster Relief ministry. It is important that you understand the responsibility and requirements for serving as the host association. Please read this document carefully as requirements are essential to ensure a successful event. Feel free to contact Ana Raymundo (334.613.2267) with any questions or concerns. It is the desire of the disaster relief office that your training event be a positive experience for participants.

The Host Agency agrees to provide:

- One classroom equipped with tables/chairs large enough to accommodate the total number registered
- Smaller classrooms equipped with tables/chairs suitable for the individual ministry area trainings
- Two 8' tables to be used by the Administration Team to set up two or more computers and photo ID station and printers (Generally two 8' tables are sufficient and ideally this space should be located out of the traffic flow and not in an area where people generally "hang out")
- Supper for the trainees, trainers, and the admin team
- Water, drinks, and snacks sufficient for all trainees and trainers during the event breaks
- A person to serve as the fiscal agent for the event
- A person to assist with the check-in process
- A primary, secondary, and admin contact for the event
(Admin person to assist trainees with the online registration process)

Special note for two/three-day courses

****Breakfast** the following morning(s) for those that stay overnight at host facility.

(Admin Team, Trainers and Trainees)

****Light lunch** for trainers/trainees involved in 2 and 3-day events (i.e. Chaplaincy)

****A place** for the training and admin team to sleep. This is simply floor space.

(While it is discouraged, if the host agency chooses to provide hotel/motel accommodations for the admin and training team, please select a modest hotel/motel, double occupancy (two single or two double beds) and non-smoking rooms.)

The Host Agency is responsible for collecting all tuition from the trainees and forwarding it to the disaster relief office of the State Board of Missions. The Host Agency will be invoiced for the training following the event. There are minimum charges that may apply.

Each ministry area has specific time and space requirements and minimum/maximum enrollments (usually minimum of 12). The Host Agency will be given the opportunity to cancel the training if registration minimums are not met by 4pm Tuesday prior to the event. If the Host Agency decides to offer the training without the minimum number of trainees enrolled, the Host Agency will be responsible for the difference in the tuition collected and the minimum tuition. You can download these individual ministry area training requirements at: www.sbdr.org

I have read, understood, and accept the Host Agency requirements for training/insurance and the requirements for each ministry area being offered.

Signed: _____ Date: _____
Director of Missions

Print Name: _____

Please complete the attached Course Setup Documentation and email, fax or mail to the following:

Disaster Relief Office
P.O. Box 11870
Montgomery, AL 36111-0870

Fax: (334)288-2693 Attn: Mondene Coker
Contact araymundo@alsbom.org with questions.

Course Setup Documentation

Please complete the following and forward to the Disaster Relief Office:

Host Association: _____

The training will be placed on the schedule under this name.

Example- Tuskegee-Lee Baptist Association, District 4, FBC Hometown

District (please circle): 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10 – 11 – 12 - Prattville

Type of Training

<u>Chainsaw</u>	()	<u>Shower</u>	()
<u>Chaplaincy</u>	()	<u>Administration Level 1</u>	()
<u>Cleanup/Recovery/Mud out</u>	()	<u>Administration Level 2</u>	()
<u>Communication</u>	()	<u>Administration Level 3</u>	()
<u>Mass Feeding</u>	()		

Requested Date: _____ *(Generally Thur. – Sat. depending on what is being offered)*

Training Location: _____

Please provide GPS Street address, including Zip Code, for those not familiar with location.

Primary Contact

Secondary Contact

Name _____	Name _____
Phone _____	Phone _____
Email _____	Email _____

ADMIN Contact (Name) _____

Email _____

Phone _____ (Optional)

Payment information (Your Host Agency/Location)

Make check payable to: _____

Mail check to: _____

There must be a DR trained admin person assigned to this training. If you do not have an available admin person, please contact: araymundo@alsbom.org and one will be assigned for you.

Payment Deadline will be set three (3) days before the first day of class

Briefly describe overnight accommodations available to trainees

Example- Deployment style accommodations are available. List of nearby hotels, etc.

We have found that it is best to have trainees call and request local accommodation information. This gives the Host Agency an accurate count of those desiring to stay overnight and meal counts.