PROJECT RollIN

FOLLOW @ProjectRollIN

FOOD TRUCK/MOBILE EATERY/CATERING SERVICES

VOLUNTEER FOR DISASTER RELIEF

FACILITATED BY UNITED STATES VOLUNTEER EMERGENCY MANAGEMENT (U.S.V.E.M)

[ESF#6: Mass-Care Feeding] [ICS: Logistics-Responder Feeding]

Licensed/Permitted Food Trucks, Mobile Eateries, and Mobile Catering Services Volunteering Across America for Disaster Relief

Must be licensed/permitted and volunteers must possess proper foodservice credentials (i.e. ServSafe)

VOLUNTEER YOUR COMPANY TODAY

Receive official U.S.V.E.M. “Disaster Relief Vehicle” access placard and Project RollIN vehicle decals (sent upon application acceptance and clearance by U.S.V.E.M.)

Application & Waiver

Applicant Full Name: Title:

If not owner, owner’s full name:

TRUCK/UNIT/DBA NAME:

OFFICIAL OWNING ENTITY NAME(Inc,LLC,sole prop, etc.):

In operation since (Year):

Social Media Identifiers:

Twitter:

Instagram:

Facebook:

Youtube:

G+:

Other(Snap,Tumblr,etc.)

Email: Business Phone:( ) -

I.C.S. 24/7 EMERGENCY CONTACT: ( ) -

WEBSITE:

NOTE: NAME OF TRUCK/UNIT, SOCIAL MEDIA, WEBSITE, BUSINESS (NOT I.C.E.#) MAY BE USED IN PUBLICATIONS OR VARIOUS MEDIA AND MEDIUMS.

TYPE OF FOOD/ITEM(S) MAINLY SERVED:

LOCATION:

COVERAGE (AREAS OF SERVICE):

BUSINESS MAILING ADDRESS:

CITY: STATE: ZIP CODE:

INSURANCE PROVIDER:

LEVEL(S) OF COVERAGE:

LICENSING/PERMITTING AGENCIES/MUNICIPALITIES:

METHOD OF VEHICLE/UNIT COMMUNICATION:

CB: VHF/UHF: CELLULAR:

AMATEUR(HAM): CALLSIGN:

FRS(i.e.store-bought walkie-talkie):

OTHER (i.e. satellite internet):

I fully understand that there is NO expectation of re-supply and/or restocking of any material item(s), food, or otherwise. NO compensation will be paid to participants (operators/employees,etc.) nor to any such company or its owner(s). Any tax-related receipts for deduction purposes will be applicable only if permitted by law and/or Internal Revenue Code.

* Localities/Municipalities or other government health agencies may inspect vehicle/unit(s) at any time.
* All labor hours and items donated (by you/your company) MUST be accounted for by the participant.
* All donated time and materials are to be submitted for a tax-deductible receipt under section 501(c)3 of Internal Revenue Code and any applicable or future law.
* ALL persons MUST carry valid identification during deployment and operations
* IF AVAILABLE, methods of re-supply, and supply-chain integrity, will be discussed AND must be cleared by U.S.V.E.M.

-Initial Here:\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Full Name:

Owner’s Phone: ( ) -

Owner’s Email:

COPY OF ALL APPROPRIATE PERMITS & LICENSING MUST BE SUBMITTED WITH THIS APPLICATION- Including Driver’s License(s) of any person driving any vehicle as a “Project RollIN” participant.

* All participants “on-scene” MUST have “Go-Bags” in addition to overnight supplies (i.e. spare clothing, hygiene, medications, etc.) for extended operations

Your Service Information

Main Courses/Specialty:

Other items served during mobile operations:

How are beverages served: (bottle/can/CO2 dispenser/etc.)

Note: Mounted external coolers MUST have lock(s):

All following questions refer to self-contained mobile operations:

How many clients per hour can be served?

How many total clients can be served?(with only on-board supplies):

Are operators/employees in possession of ServSafe certificates?

List trained serving employees/operators:



Is there an AED on board: YES NO

First Aid Kit: YES NO

Fire Extinguisher REQUIRED: YES NO

Adult BVM: YES NO

Peds BVM: YES NO

Additional Medical/Aid Supplies(If yes, please list):

Are all participants First Aid, CPR, and AED certified? YES NO

Total number of persons participating?

WEIGHT OF PERSONS + MATERIALS MUST NOT EXCEED LEGAL/SAFE CARRYING OF VEHICLES/UNITS/ETC.

* “Unaffiliated Volunteers” NOT permitted anywhere near disaster areas, relief sites, Areas of Operations, etc.

Do ALL persons listed possess Valid Identification? YES NO

(Must be carried at all times)

Under “Normal Operations”, what is the method of re-supply/re-stocking?

What item(s) run out fastest?/ #1 item limiting additional serving capacity?

VITAL OPERATIONS PLANNING

Please consider this carefully:

What fully prepared food item supplies: fulfillment, nutrition, limited/no/easily substituted allergens, AND can be prepared and served simply, quickly, and SAFELY?

Priority Re-Supply: (if/when available)

INGREDIENTS REQUIRED to keep this food item at-the-ready (LIST):

What fuels/powers self-contained mobile operations? (List all machinery, generators + specs, cooking gas/electric/vehicle fuel/etc.)

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Is vehicle/unit wired to receive incoming AC power? (External Male Plug(s))

YES NO

Include any additional important operational and/or company information/details:(optional)

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IMPORTANT: All participants are required to NEVER accept outside prepared “home-cooked”, or otherwise UNSEALED food or beverage items of ANY kind. If any items are offered by the public that are SEALED hermetically-immediately contact a U.S.V.E.M. officer. DENY/REFUSE any and all “fresh”, “prepared”, otherwise tamper-vulnerable food/beverage items, including fruits/vegetables. NEVER OPEN/ACCEPT/OR DISTRIBUTE ITEMS NOT CLEARED: LIVES DEPEND ON IT.

* Initial Required:\_\_\_\_\_\_\_\_\_\_

ACCESS TO A RELIEF/INCIDENT SITE UNDER U.S.V.E.M.

Participating vehicles/units must display: windshield placard and “Project RollIN” decals on left and right sides of vehicle. Decals may be applied to a magnetic sign. Placard and side decals must be displayed prior to deployment (upon mission assignment and acceptance) and remain visible at all times during disaster relief operations. Required to access areas of operations/relief sites. Participants must be cleared from a scene prior to packing up and leaving via designated routes of egress.

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name), duty authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company’s Legal Name), operator of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Vehicle/Unit/DBA Name) hereby agree and henceforth bind all participants (operators, owners, employees), on my behalf, to the terms, conditions, rules, regulations, and applicable laws governing “Project RollIN” of United States Volunteer Emergency Management, also known as herein as “U.S.V.E.M.”. As a participating entity (participant), I and the company I represent are NOT members of, nor otherwise affiliated with U.S.V.E.M. and will at no time act in a self-dispatch, emergency response, or in any manner misrepresenting our status as a participant in “Project RollIN” Disaster Relief. I, and my company, will abide by the direction of U.S.V.E.M. officers and will respect the lawful authority of all first responders and support agencies, as well as organizations in a disaster response/relief capacity. At no time will I or anyone associated with my company act in a manner disparaging to U.S.V.E.M., its members, volunteers, officers, board members, and/or contributors. I fully understand that my company/participants may be evacuated from, dismissed, and/or released from any relief site and/or Area of Operations at any time, for any reason, as deemed fit by the senior U.S.V.E.M. officer responsible for “Project RollIN” operations at that time. This may include officers not on scene (higher ranking). At no time will any participant of Project RollIN solicit, or in any way inference, a requirement for payment for items and/or services rendered. Prices/regular operations menus will be covered- if such action is not an undue burden (such as prices being painted on truck, etc.).

IMPORTANT: Unauthorized photos, video, audio, and/or release of victim/survivor information is prohibited and subject to legal protections. Refer Media to U.S.V.E.M. officer. All liability for items served, distributed, and/or all interaction with the public, responders, national guard, military, survivors, etc. is strictly upon the signee (participant) and signee’s company.

U.S.V.E.M. is not responsible for injury, sickness, death (wrongful or otherwise), or any such affliction upon those served, nor any property damage at any time, under any conditions.

All participants acknowledge and fully understand any and all potential risks, threats, and dangers involved in any disaster-related and/or public-related/public-involved event and/or operation.

CONSULT YOUR INSURANCE COMPANY

RE: ADEQUATE COVERAGE. Consider life insurance and any other policy types you deem fit.

LIABILITY INSURANCE REQUIRED.

PROOF OF INSURANCE MUST SUBMITTED WITH APPLICATION AND BOTH APPROVED PRIOR TO ANY AND ALL DEPLOYMENTS/OPERATIONS

No participants, operators, staff, or otherwise under 18 years of age.

* Initials Required:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S.V.E.M. is not responsible for theft, break-ins, robbery, graffiti, looting, riots, protests, property damage, or actions of those served in proximity of participants or company property. Not responsible for damaged, lost, stolen, personal or company property.

I competently swear **that in no** way, at no time, will I pursue civil, criminal, or any type of legal action against U.S.V.E.M. on behalf of myself, my company, or any participants or non-participants, nor pursue any such action through a third party.

I provide these protections to members, volunteers, officers, board members, and contributors of U.S.V.EM., on behalf of myself and all participants, including, however, not limited to: owners, employees, family members, legal counsel, and previous and future participants. All proprietary information is confidential.

Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner’s Full Name (If not Owner):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signee’s Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signee’s E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTACH: Permits, Licenses, Foodservice Credentials, Insurance Card