



# Servants

*Home Helps*  
*Go Beyond Workcamp*  
 May 14-21, 2017

<i>For office use:</i>	
Date received:	_____
Entered into GW:	
Date:	_____
Name:	_____

Volunteer Registration					
Name:		Nickname:		Birthdate:	
Mailing Address:				Gender M/F:	
City:			State:		Zip:
Home Phone:		Cell Phone:		Work Phone:	
Email Address:					
Home Church:			Pastor:		
Are you a Veteran?					

Please use this guideline to rate yourself at each of the following skills:

- 0- I am unable to help at this / Not Applicable    1- I am a willing helper.    2- I have done it before, but still need help.  
 3- I can do a good job by myself.    4- I can do a good job, and can guide or teach others.    5- Professional Experience

Cabinet Installer		Flooring/Carpet		Roofer	
Carpenter, Framing		Flooring/Ceramic Tile		Siding-Aluminum/wood/Vinyl	
Carpenter, Trim		Flooring/Vinyl		Tree/Hedge Trimming	
Concrete Mason		HVAC		Vehicle Driver	
Door/Window Installer		Lawn Clean Up		Work Crew Leader	
Drywall Installer		Mason Block/Brick		Kitchen Staff	
Drywall Finisher		Painter		Equipment Operator (list types)	
Electrician		Plumber		Welding	

What is your occupation? \_\_\_\_\_

Are there any other special skills you possess that may be helpful as you serve? \_\_\_\_\_

Do you have any special dietary needs? \_\_\_\_\_

Please list your current or last employer? \_\_\_\_\_

Please put an **X** in the boxes for the days and hours you are available to work: (Hours are flexible)

	Monday	Tuesday	Wednesday	Thursday	Friday
8am- 12 pm					
12pm – 4 pm					
Other					

**\*Application Deadline May 1, 2017\***

Servants relies on donations to pay for construction materials and meals for the workcamps. Your donation will greatly impact our homeowners and volunteers as we serve our communities. Thank you!  
 Please make checks payable to "Servants" and note as Donation for the workcamp where you are serving.

# Servants

*Serving Christ Locally, in the US & Around the World*

## Participant Liability and Medical Release Form

Please read before signing as this constitutes the agreement, as a volunteer, and the understanding of your working relationship, as a volunteer, with Servants, Inc.

- I \_\_\_\_\_ acknowledge and state the following:
- I **have chosen** to travel to perform clean-up/construction work designed to repair or maintain homes.
- I **understand** that this work may entail a risk of physical injury and can involve hard physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders and building framing other than at ground level. I also understand that it is my responsibility, as a volunteer, to notify my team leader if I am asked to perform a task that I am not comfortable doing.
- I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals who cannot, for some reason, do the work themselves.
- I assume all risk and responsibility for any damage or injury to my property, or any personal injury and related medical costs and expenses which I may sustain while involved in this project.
- I understand that photos may be taken while I participate and give permission for these photos to be used by Servants.
- By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold Servants, Inc., together with its officers, agents, servants and employees, harmless from any and all causes of action arising from my participation on projects, and travel or lodging associated therewith, including any damages which may be caused by their negligence.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Medical Information:

Name \_\_\_\_\_ Blood Type \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please list all prescription medications: \_\_\_\_\_

\_\_\_\_\_

I am allergic to: \_\_\_\_\_

Name of Emergency contact person \_\_\_\_\_

Street Address \_\_\_\_\_

Phone (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Relationship to volunteer \_\_\_\_\_

My health insurance company is: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Physical limitations or concerns:

I am diabetic: Yes \_\_\_\_\_ No \_\_\_\_\_ I have a history of seizures: Yes \_\_\_\_\_ No \_\_\_\_\_

I have a heart condition: Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide additional helpful medical information: \_\_\_\_\_

I consider myself healthy enough to fulfill my responsibilities as a volunteer with Servants, Inc. Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if under age 18) \_\_\_\_\_ Date \_\_\_\_\_