



Volunteer Application

Although long and enduring, the below information will aid us in safely managing the work project effectively... thanks for your help!

Contact Information: *(Please Print)*

Name: _____ Mr. Mrs. Miss Ms. Dr. Rev.

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email Address: _____

Age: Under Age 13 Ages 13-15 Ages 16-17 Adult

Shirt Size: S M L XL XXL XXXL

Skill Levels:

<u>Skills</u>	<u>Advanced</u>	<u>Intermediate</u>	<u>None</u>	<u>Please Explain Experience</u>
Carpentry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dry wall:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mason and Concrete:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plumbing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Painting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Landscaping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Medical:

Medical Conditions: _____
(Heart Disease, Diabetes, etc.)

Outdoor Allergies: Yes No

If yes, please list: _____
(Bee Stings, Extreme Reaction to Poison Ivy, etc.)

Drug Allergies: Yes No

If yes, please list: _____

Health Insurance: Yes No

If yes, Insurance Company: _____ Policy Number: _____

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____ - _____ - _____

(Turn Over)

Liability waiver:

I understand that in the event of medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, during the activity dates listed for this event, I hereby give my permission to the physician or dentist selected by one of the event leaders to hospitalize to secure medical treatment and/or order an injection, anesthesia, or surgery as deemed necessary.

In consideration of the opportunity to engage in volunteer work and to be a part of Operation Foundation 2009, the undersigned, my heirs and assigns, hereby waive all claims for injuries, damages or losses to my person or property which may be caused directly or indirectly, by any act, omission or negligence arising from or related to the activities of Operation Foundation. I, the undersigned, understand that by participating in this volunteer activity I will be exposed to the risks of accident and injury and I am participating of my own free will, and that I will follow all safety requirements and instructions. I hereby release and hold harmless any and all partners of Operation Foundation, including Future Ligonier Alliance, Stone's Hill Community Church, local governments, the State of Indiana, and their officers, agents, and employees, private property owners, or other work volunteers from any and all claims, including bodily injury, death or property damage which may occur due to my participation in these volunteer activities. I, the undersigned, my heirs and assigns, hereby covenant and agree to indemnify and hold harmless any and all partners of Operation Foundation, including Future Ligonier Alliance, Stone's Hill Community Church, local governments, the State of Indiana, and their officers, agents, and employees, private property owners, or other work volunteers from any and all costs, charges, claims, demands, losses, damages, causes of action, suits and liabilities of any kind, including the expenses of litigation, court costs and attorney's fees, for injuries to, or the death or illness of any person, or for damage to any property, arising out of or in connection with my involvement in the volunteer activities, regardless of whether such injuries, illness, death or damages are reasonable or unreasonable, or foreseeable or unforeseeable to the parties to this agreement. **I agree that my photograph may be taken and my image used to promote the purposes of Operation Foundation with no compensation due me.**

Parent/Guardian Signature: _____ **Date:** ___/___/_____
(If under 18 years of age)

Volunteer Signature: _____ **Date:** ___/___/_____
(Leave blank if volunteer is too young to sign)

Conduct Agreement:

Please understand that a certain amount of flexibility and patience will be necessary to take part in such a large community project. Please join us in prayer for this week as we learn how to better love on each other and our community. I will conduct myself in such a way that will be honorable to God, and seek to understand the virtue of putting the needs of others before myself to realize what community is all about.

Volunteer Signature: _____ **Date:** ___/___/_____
(Parent/Guardian must sign if volunteer is too young to sign)