

Servants

Serving Christ Locally, in the US & Around the World

<u>www.servants.org</u>

For office use: Date received:	
Entered into GW: Date: Name:	

		Volunteer	Kegistra	tion				
Name:			Nickname:			Birthdate:		
Mailing Address:						Gender M/F:		
City:				State:			Zip:	
Home Phone:		Cell Phone:			Work Phoi	ne:		
Email Address:								
Email Address:			_					
Home Church:			Pastor:					
Location & dates for trip/pro	ject you	are interested in:	1					
Name on Passport	First:		Middle:			Last	::	
Passport #:			Passpor	t Expira	tion Date:	1		
Are you a Veteran?								
ease use this guideline to rat I am unable to help at this / - I can do a good job by myse Cabinet Installer	Not App	licable 1-I am a w can do a good job, a	illing helpe				efore, but still ne - Professional Exp	
I am unable to help at this / I can do a good job by myse Cabinet Installer Carpenter, Framing Carpenter, Trim Concrete Mason Door/Window Installer	Not App	Ilicable 1-I am a w I can do a good job, an I Flooring/Carpet Flooring/Ceramic T Flooring/Vinyl HVAC Lawn Clean Up	illing helpe nd can guid File		Roofer Siding-Alu Tree/Hed Vehicle D Work Cre	5. uminu lge Tr vriver ew Lea	- Professional Exp um/wood/Vinyl imming	
I am unable to help at this / I can do a good job by myse Cabinet Installer Carpenter, Framing Carpenter, Trim Concrete Mason Door/Window Installer Drywall Installer	Not App	Ilicable 1-I am a w I can do a good job, an I Flooring/Carpet Flooring/Ceramic T Flooring/Vinyl HVAC Lawn Clean Up Mason Block/Brick	illing helpe nd can guid File		Roofer Siding-Alu Tree/Hed Vehicle D Work Cre Kitchen S	uminu Ige Tr Priver ew Lea	- Professional Exp um/wood/Vinyl imming ader	erieno
I am unable to help at this / I can do a good job by myse Cabinet Installer Carpenter, Framing Carpenter, Trim Concrete Mason Door/Window Installer	Not App	Ilicable 1-I am a w I can do a good job, an I Flooring/Carpet Flooring/Ceramic T Flooring/Vinyl HVAC Lawn Clean Up	illing helpe nd can guid File		Roofer Siding-Alu Tree/Hed Vehicle D Work Cre Kitchen S	uminu Ige Tr Priver ew Lea	- Professional Exp um/wood/Vinyl imming	erieno

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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.

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 infor	mation:		
I consider myself healthy enough to fulfill my re	esponsibilities as a volunteer	vith Servants, Inc. Yes No	o
Signature		Date	
Signature of Parent/Guardian (if under age 18	8)	Date	