

2024 Kick-Off Breakfast @7:00a.m. in Central Baptist Church Social Hall

Rebuilding Together * Waycross Volunteer Sign Up Form

Yes, I would like to participate in the 26th annual Rebuilding Day on Saturday, April 27, 2024 from 7:00 a.m. to 4:00 p.m. I understand that you will provide me with an assigned location to report to and further details at the event.

PLEASE PRINT

Skilled Labor General Volunteer

Previous RT experience _____ years

NAME:

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: (Home) _____ (Cell) _____

EMAIL:

GROUP AFFILIATION (if any):

AGE: _____ (only if under the age of 18) *Minimum age of participation is 14.*
Work sites are considered construction sites.

T-SHIRT SIZE: (circle one) S M L XL XXL

_____ I would like to be assigned to the same house with the above-mentioned group or organization.

_____ I would be interested in being a future HOUSE CAPTAIN (Project Manager).

_____ I plan to attend the CELEBRATION DINNER at First Presbyterian on April 27th, 2024 at 6:00 pm

_____ I am a skilled worker/technician (circle all that apply) :

Electrician Plumber Roofer Carpenter HVAC Painter Landscaper

_____ If needed, I am available to help on: Sat. April 20th or Sat. May 4th

_____ I have a pickup truck that I am willing to use for picking up supplies

_____ I would prefer to help with support activities such as volunteer coordination, food preparation, lunch delivery to job sites, office work, etc.

_____ In addition to volunteering, I would like to make a tax-deductible donation in the amount of \$ _____.

Return this form and donation to:

Rebuilding Together * Waycross
P.O. Box 287

For more information call: 912-281-8696

Waycross, GA 31502

or email: bmtanner1987@gmail.com or rebuildingtogetherwaycross@yahoo.com

VOLUNTEER'S AGREEMENT, RELEASE AND INDEMNIFICATION

Voluntary Participation. I have voluntarily applied to Rebuilding Together Waycross, Inc., a nonprofit charitable corporation ("Rebuilding Together") to assist in the annual Rebuilding Together Repair Program (the "Program"). I understand that as a volunteer I will not be paid, and that I will not be covered by or be eligible for any Workman's Compensation insurance or benefits or liability insurance from Rebuilding Together, other Program volunteers, building owners or otherwise to cover injury or death to me or damage to my property. I agree that my participation in the Program may be terminated at any time by Rebuilding Together or for any reason. I certify that if I will use a vehicle in connection with the Program for any reason (other than for my transportation to the Program), that I have a current Georgia Driver's License and that my vehicle is fully insured for liability as required by Georgia law, and that I will provide a copy of my driver's license and proof of insurance.

Assumption of Risk. I AM AWARE THAT IN PARTICIPATING IN THE PROGRAM THAT I MAY BE EXPOSED TO PERSONAL INJURY OR DEATH OR INJURY TO MY PROPERTY AS A RESULT OF MY ACTIVITIES, THE ACTIVITIES OF OTHERS OR THE CONDITIONS UNDER WHICH MY VOLUNTEER ACTIVITIES MAY BE PERFORMED, WHICH MAY INCLUDE THE NEGLIGENCE OF OTHERS OR REBUILDING TOGETHER OR HAZARDOUS OR DANGEROUS WORKING CONDITIONS OR INSTRUMENTALITIES. WITH FULL KNOWLEDGE AND APPRECIATION OF THESE DANGERS AND RISKS I AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH OR DAMAGE TO MY PROPERTY. I UNDERSTAND AND ACKNOWLEDGE THAT I AM FREE TO REFRAIN FROM ANY ACTIVITY AND/OR PARTICIPATION IN THE PROGRAM AT ANY TIME AND THAT I WILL NOT UNDERTAKE ANY ACTIVITY UNLESS I AM COMPLETELY COMFORTABLE IN DOING SO AND COMPETENT TO PERFORM IT.

Release of liability/ Indemnity. I, my successors, assigns, heirs, guardians and legal representatives, release and discharge Rebuilding Together and all of its affiliated or associated organizations, their officers, directors, employees, agents and representatives, and the suppliers of any materials and equipment used in the Program, any of the Program volunteers, sponsors or building owners, from any and all claims arising in connection with my participation in the Program. Without limiting the generality of the foregoing, I waive and release any and all rights, actions or cause of action, claims, or loss resulting from personal injury to me or my death or damage or loss of my property sustained in connection with my participation in the Program. I agree to indemnify, hold harmless and defend Rebuilding Together, its officers, directors, agents, employees, or representatives from and against any and all liability, actions, causes of action, costs, and expenses arising in connection with my acts or negligence while participating in the Program.

Parental/Guardian Consent. I agree this Release shall apply to my child or ward that participate in the Program. I certify that I am over eighteen and am the parent or guardian authorized to enter this Release of such child or ward. I agree to defend, indemnify and hold harmless Rebuilding Together, its officers, directors, agents, representatives and affiliated organizations as well as the suppliers, sponsors, and other volunteers of the Program in the event of any claim or action brought in connection with any injury, death or damage in connection with my child or ward's participation in the Program.

Publicity Release. I consent to the unrestricted use by Rebuilding Together or any associated organization and/or any person or organization authorized by them of any photographs, recordings, interview, videotapes, motion pictures or similar visual or auditory recording of me created in connection with the Program.

Voluntary Agreement. I HAVE FULLY AND CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN ASSUMPTION OF RISKS, A RELEASE OF LIABILITY, AND AGREEMENT TO INDEMNIFY, AND SIGN IT OF MY OWN FREE WILL. I UNDERSTAND THAT I WOULD NOT BE ALLOWED TO PARTICIPATE IN THE PROGRAM UNLESS I SIGN THIS AGREEMENT. I CERTIFY THAT I AM AT LEAST EIGHTEEN YEARS OLD, OR THAT IF I AM UNDER EIGHTEEN MY PARENT OR GUARDIAN HAS ALSO SIGNED IT.

Signed at Waycross Georgia, on _____, 20__.

(Volunteer Signature)

(Address)

(Parent/Guardian if volunteer)
under age eighteen

(Print Name)

(Telephone)

(Address)

(Telephone)

PARENTS/GUARDIANS MUST SIGN THIS RELEASE FOR CHILDREN UNDER EIGHTEEN AND MUST