**Volunteer Statement and Registration Form for Name of CSP Org here**

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**Name of CSP Org Here is a home repair and housing rehabilitation ministry. It operates in communities surrounding the campus and cannot guarantee the safety or sanitation of its work sites, accommodations, and facilities. Volunteers will be participating in home repair and home building activities including, but not limited to: roofing, carpentry, dry wall installation, building steps, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring and other home repair, remodeling and renovation. These activities include, but are not limited to: the use of power tools such as saws and drills, as well as the use of hand tools. The foregoing activities will also require climbing with and without supplies, tools and materials as well as working in high places such as on roofs and other facets of construction work.**

**I give permission for treatment by competent medical personnel as a result of accident or medical emergency while involved in the activities of Name of CSP Org Here. As Name of CSP Org Here does not carry accident or medical insurance on volunteers, I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.**

**If this Release is for a volunteer under the age of 18, the parent/legal guardian’s signature below demonstrates that the parent/legal guardian has read this Release, and hereby gives his/her consent to allow the volunteer to participate in the activities outlined above and release. Name of CSP Org Here, Name of College/University, its members, students, and any and all persons connected therewith are hereby released and discharged from any and all liability, claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the Name of CSP Org Here.**

*Media Release and Waiver*

**The Volunteer and the Guardian grant and convey to CSP all right, title and interest in any and all photographic images and video or audio records made during the Participant’s participation with CSP. The Volunteer and Guardian also hereby grant permission for CSP to use photographs, videos, audio recordings, or to otherwise document Volunteer’s participation in CSP programs, solely for the purpose of marketing, research and/or education. CSP will not identify by name any minors in either print or web-based images.**

**Volunteers 18 years of age or older:**

Participated with CSP before? Yes No

Printed name of participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Volunteers under age 18 years of age:**

Participated with CSP before? Yes No

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Printed name of participant

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Signature Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Parent/Legal Guardian Signature Date

**VOLUNTEER INFORMATION**

Vol. Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_\_

Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone

Birthday **(mon/day/year)**

Gender Male Female

Occupation

Email address

EMERGENCY MEDICAL INFORMATION

*Medical information on this form will only be used if medical treatment is needed. It will be used for no other purpose.*

Social Security # (optional)

Medication(s) you currently take (prescribed & over-the-counter – please list all – this is ***extremely*** important!!)

Medication(s) you **CANNOT** take

Any allergies &/or special health problems or concerns

**Medical insurance information (optional):**

Company name

Phone

Address

City, State, Zip

Policy #

Policy Holder’s ID #

Relationship to policyholder

**In an emergency, please contact:**

Name

Relationship

Address

City, State, Zip

Day Phone

Evening Phone

Cell Phone

Also Volunteering Today? Yes No

Name

Relationship

Address

City, State, Zip

Day Phone

Evening Phone

Cell Phone

Also Volunteering today? Yes No

**Physician information:**

Physician name Phone

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Name of CSP Org Here, every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.