

# Tri-County

## CHRISTMAS IN ACTION VOLUNTEER APPLICATION

**Work Day is Saturday, April 29, 2017**

PLEASE PRINT CLEARLY AND FILL IN ALL LINES COMPLETELY

Name \_\_\_\_\_

Address \_\_\_\_\_

Street Address

City

State

Zip

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Shirt Size M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2X \_\_\_\_\_

1. Please check the category(ies) in which you are highly Skilled **Please put LIC if LICENSED:**

Carpentry	Electrical	Plumbing	Painting	Vinyl Flooring	Wallpaper hanger
Dry Wall	Masonry	Roofing	Carpet Layer	Other (specify)	

2. General work items I would be willing to do (Please rate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup>):

\_\_\_ General Cleaning; \_\_\_ Paint; \_\_\_ Yard Work/Gardening; \_\_\_ Food Runner; \_\_\_ Parking Coordinator:

Do you have a truck or van and are willing to haul items? Yes \_\_\_ Are you a Notary? Yes \_\_\_ No \_\_\_

3. Are you 18 years or older? Yes \_\_\_ No \_\_\_ If you are between the ages of 12 and 17, you are required to have a parent or guardian sign a MINOR CONSENT FORM and have it NOTARIZED prior to the work day, April 25, 2015 *(See Back of this Form)*. Sorry, no children under the age of 12 years.

4. If you would like to work with a specific group, please indicate the name of the Group or Group Leader's Name & Phone Number \_\_\_\_\_  
We will make every effort to keep your group together. If your group is 25+, a contact person will need to call in (phone number below) for further information.

5. If the weather prevents volunteer work on Saturday, April 29, 2017 our back-up date is **Sunday, April 30, 2017**. Will you be available to work on that day? Yes \_\_\_ No \_\_\_

### Check the community you would like to work in:

- Fenton     Argentine Township  
 Linden     Tyrone Township

Please note: If there is not house in the community you have picked you will be asked to help on the closest home and or based on your skill(s).

## 2017 Volunteer Meeting • Thursday April 20th at 6:00pm

### Shiawassee Shores Retirement Park Golf Club House

### 1515 West Rolston Rd. • Linden, MI 48451 • 810-714-3986

Directions: Off N. Bridge Street, go West on W. Rolston Road., Left into parking lot. Meeting held in club house.

Please attend your community's volunteer meeting to get your house location.  
You will also be given a job assignment so you will know what tools to bring on workday.

Tri-County Christmas in Action. P.O. Box 1091, Fenton, MI 48430 • 810.714.3986

Visit us on the web at [www.tricountykia.org](http://www.tricountykia.org)

\_\_\_\_\_  
Minor's Full Name (First, Middle, Last)

\_\_\_\_\_  
Minor's Date of Birth

The above named minor has my permission to participate in the Tri-County Christmas in Action. Home Repair Project, hereinafter referred to as Project, currently scheduled for \_\_\_\_\_.

On behalf of such minor I have signed a Volunteer's Agreement and Release from Liability, hereinafter referred to as Release, and hereby agree to all of the terms and conditions of the Release.

In case of medical or dental emergency, I understand that every effort will be made to contact me at the telephone number set forth below. If I cannot be reached, I hereby give my permission to the physician or dentist selected by Tri-County Christmas in Action to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the minor named above. A copy of this permission form may be accepted by and treated by the physician as equivalent to the original permission order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Telephone Number

**I certify that \_\_\_\_\_ acknowledged in my presence that he/she had read and fully understood the meaning and consequences of the foregoing PARENTAL CONSENT FOR MINOR PARTICIPATION, and signed it in my presence.**

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission expires:

**PLEASE COMPLETE THE FOLLOWING:**

Name of Medical Insurance Carrier: \_\_\_\_\_

Policy Number & Group Number: \_\_\_\_\_

Minor's Primary Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Primary Physician's Address: \_\_\_\_\_  
Street Address & City

Minor's Dentist/Orthodontist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist/Orthodontist Address: \_\_\_\_\_  
Street Address & City

Any Food or Drug Allergies: \_\_\_\_\_

\_\_\_\_\_  
Limitations on Activities: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** The parent/guardian listed above will be the initial person to be contacted, please list two other individuals that can be contacted in case of an emergency.

\_\_\_\_\_  
Contact Name Telephone Number/Cell Number Relationship to Minor

\_\_\_\_\_  
Contact Name Telephone Number/Cell Number Relationship to Minor