

Tri-County

CHRISTMAS IN ACTION VOLUNTEER APPLICATION

Work Day is Saturday, April 27, 2019

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 1st, 2nd and 3rd):

___ 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 27, 2019 our back-up date is **Sunday, April 28, 2019**. 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).

2019 Volunteer Meeting • Thursday April 18th 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.tricountycia.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

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Tri-County
CHRISTMAS IN ACTION

www.tricountycia.org

P.O. Box 1091, Fenton, MI 48430, 810-714-3986



Volunteer Waiver of Liability
MUST BE FILLED OUT BY EVERY VOLUNTEER

Workday Saturday, April 27, 2019

Back up date Sunday, April 28, 2019

In consideration of the opportunity afforded me to assist on a voluntary basis in the Christmas in Action of Genesee County, Inc. ("Christmas in Action") Home Repair Project, a project in which the homes of disadvantaged senior citizens will be repaired by volunteers, and in light of the aims and purposes of the community service provided by Christmas in Action in organizing this project;

I hereby waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against Christmas in Action or its officers and directors, employees, agents, donors, volunteers or other affiliates, collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or cause of action resulting from personal injury to me, death or damage to my personal property directly or indirectly arising from or sustained in connection with my activities for the Home Repair Project.

I also grant Christmas in Action, Genesee County, Inc. **permission to take or have taken still and moving photographs and films** including television pictures of myself. I consent and authorize Christmas in Action of Genesee County, Inc. its advertising agencies, news media and any other persons interested in Christmas in Action of Genesee County, Inc. and its works, to use and reproduce the photographs, films, and pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

Signed this _____ day of April, 2019 With Group or Team _____

Name (Print)

Signature

E-mail

Address

City

State

Zip

Phone