



Sebastopol Affiliate

P.O. Box 21
Sebastopol, CA 95473
www.rtsebastopol.org
rebuild@rtsebastopol.org
Office: 707.829-2440
Fax: 707-824-1171

***Rebuilding Together - Sebastopol
VOLUNTEER APPLICATION FORM
WORKDAY APRIL 18, 2009***

Yes, I would like to volunteer to rebuild homes on Saturday, April 18, 2009 from 7:30 a.m. to 3:30 p.m. in Sebastopol. I understand that you will provide me with an assignment and further details prior to the event.

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: (Home) _____ (Work) _____

EMAIL: _____ T-Shirt Size: **S M L XL XX**
(Your email will NOT sold or shared with any other organization)

GROUP AFFILIATION (if any): _____

AGE: **ONLY** if under the age of 18 _____. Children under the age of 14 are required to be accompanied by a parent or guardian on April 18th.

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

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

_____ I would prefer to help with support activities such as volunteer coordination, preparing food, 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 \$ _____. (Make checks payable to Rebuilding Together)

Please fill out the detailed checklist on the back of this form and return to:

**Rebuilding Together * Sebastopol
Volunteer
P.O. Box 21
Sebastopol, CA 95473**

Phone: (707) 823-6636 Fax: (707) 824-1171 Email: rebuild@RTSebastopol.org

Please check all areas for which you have skills and experience.

Skills	Expert	Some Experience
Construction Estimation		
ADA Knowledge (Disabilities)		
Exterior		
Cleaning		
Fencing		
Gardening		
Irrigation Systems		
Landscaping		
Masonry; walks		
Mechanical and sheet metal work		
Painting		
Rough carpentry		
Interior		
Cleaning		
Electrical		
Finish carpentry		
Installation of windows or doors		
Insulation		
Plumbing		
Wall board; tape and texture		
Miscellaneous		
Data entry		
Desktop Publishing		
Event Planning		
Office work		
Photography		
Other		
Other		

Comments: (Restrictions, time constraints, etc.) _____

For questions and/or additional information, please visit our website
at www.RTSebastopol.org or call 707.823.6636

Rebuilding Together, Sebastopol Volunteer Registration Form Workday - April 18, 2009

VOLUNTEER'S AGREEMENT, RELEASE AND INDEMNIFICATION

Voluntary Participation. I have voluntarily applied to Rebuilding Together Santa Rosa-Sebastopol, 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 I understand that I am not authorized to use a vehicle in connection with the Program unless designated to do so by Rebuilding Together (other than for my transportation to the Program), and in that event, that I have a current California Driver's License, a good driving record, and that my vehicle is fully insured with policy limits of \$300,000 or greater for liability, 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 participates 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 _____ California, on _____, 200 .

(Volunteer Signature)

(Address)

(Parent/Guardian if volunteer
under age eighteen)

(Print Name)

(Telephone)

(Address)

(Telephone)

ONLY DESIGNATED DRIVERS ARE AUTHORIZED TO DRIVE IN CONNECTION WITH THE PROGRAM: (If you are to be a designated driver, please attach copy of license and proof of insurance)

CDL# _____ Insurance and Policy # _____

PARENTS/GUARDIANS MUST SIGN THIS RELEASE FOR CHILDREN UNDER EIGHTEEN AND MUST COMPLETE A MEDICAL TREATMENT AUTHORIZATION FOR PARTICIPATING MINOR FORM ON THE BACK OF THE RELEASE

Medical Treatment Authorization for Participating Minor
(Must be accompanied by Volunteer Agreement form signed by parent or guardian)

Name of Minor: _____

I represent and warrant to Rebuilding Together that I am the parent or legal guardian of the minor named above. The above named minor has my permission to participate in the Rebuilding Together Home Repair Program (the "Program"), **On behalf of such minor and myself, I have signed the Volunteer Agreement, Release and Indemnification (the "Volunteer's Agreement")** and hereby agree to all of the terms and conditions of the Volunteers Agreement.

In case of medical or dental emergency, I request that Rebuilding Together attempt to contact me at the telephone number set forth below. However, I give permission to the physician or dentist selected by Rebuilding Together to hospitalize, treat, secure treatment for, and order injections, anesthesia or surgery for the minor named above. A copy of this treatment authorization may be accepted by and treated by any hospital, medical facility, physician or dentist as equivalent to the original treatment authorization.

Date: _____ Signature of Parent or Guardian: _____ Telephone: _____

Please Complete the Following:

1. Medical Insurance Carrier: _____

Policy Number: _____

2. Family Doctor: _____

Address: _____

Telephone: _____

3. Family Dentist/Orthodontist: _____

Address: _____

Telephone: _____

4. Any drug or food allergies: _____

5. Limitation on activities: _____

6. If I cannot be reached, please contact: _____

Primary Telephone: _____ Secondary Telephone: _____