Group #

VOLUNTEER STATEMENT AND REGISTRATION FORM

Give to center staff upon arrival.

Must be received by staff prior to volunteer participation in ASP activity

Appalachia Service Project (ASP) is a Christian ministry engaged in home repair and home building for the people of Appalachia. ASP operates in rural areas that are often far from professional medical care, and ASP cannot guarantee the safety or sanitation of its work sites, accommodations, or facilities. Volunteers will be participating in home repair and home building activities including, but not limited to: roofing, carpentry, framing, dry wall installation, building steps, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring and other home repair, remodeling and renovation. These activities may include the use of a variety of hand tools such as ladders, hammers, shovels, rakes, and saws, and power tools such as saws and drills. The foregoing activities may also require climbing with and without supplies, tools and materials as well as working in high places such as on roofs and ladders. Volunteers will be traveling in vehicles on roads of varying conditions and possibly in adverse weather conditions. Volunteers may also engage in non-sponsored activities including, but not limited to: hiking, swimming, basketball, volleyball, baseball, football, Frisbee, or other sports activities of their choosing. Planned evening activities may include, but are not limited to: visiting strip mines, traveling to visit places or people of regional interest. Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate. All volunteers understand that there are risks inherent in construction repair work, travel, and sporting activities, including risks of serious bodily harm or death, that cannot be eliminated. Accordingly, all volunteers acknowledge these risks and voluntarily choose to assume the risks of all activities with ASP. All volunteers, as well as these volunteers and their parent(s)/legal guardian(s), must have read, be familiar with, and abide by ASP's Safety Manual and Expectations, Rules and Regulations. JR HIGH PROGRAM (6th - 9th grade completion required) ALL OTHER ASP PROGRAMS, minimum age requirement is 14 (or 8th grade completion required).

I give permission for treatment by competent medical personnel as a result of accident or medical emergency while I am a volunteer for ASP. Consent is given to accompanying adult volunteers or ASP staff to hospitalize, secure proper treatment and to order injections, anesthesia, or surgery by qualified medical personnel. If possible, the adult contact will make the final decision in cooperation with medical personnel. As ASP does not carry accident or medical insurance for 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.

By signing below, I acknowledge that I have read the foregoing statement of activities and the information and guidelines provided by ASP (specifically ASP's Expectations, Rules, and Regulations and ASP's Safety Manual) and I understand the extent and nature of the activities in which I or my youth will participate. 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, the ASP guidelines and manuals, and hereby gives his/her consent to allow the volunteer to participate in the activities outlined above. I understand that as a volunteer, I am not an employee of ASP and I am not entitled to compensation or any other employment benefits of ASP.

By signing below, I and/or I and my youth release and discharge Appalachia Service Project, Inc. its agents, employees, and any and all persons connected therewith, 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 Appalachia Service Project, Inc. My signature below demonstrates my understanding that I am voluntarily waiving any claims I (and/or and my youth) may now or in the future have against ASP based on any events occurring during my time as a volunteer for ASP.

I agree that this release and waiver shall be governed by the laws of the State of North Carolina because ASP operates in multiple states, including North Carolina. I also agree that if I pursue any legal action against ASP, such suit must be filed in the Tennessee State Courts in Washington County, Tennessee, or the United States District Court for the Eastern District of Tennessee.

Media Release and Waiver

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

Volunteers 18 years of age or older:

Participated with ASP before? Yes No

_____
Printed name of participant

_____
Signature Date

Volunteers under age 18 years of age:

Participated with ASP before? Yes No

_____
Printed name of participant

_____
Signature Date

_____
Parent/Legal Guardian Signature Date

NOTARY REQUIRED: SIGN ABOVE IN PRESENCE OF NOTARY

_____, **appeared before me**

Name of participant (18 years & older) OR name of parent/guardian of minor participant

_____, **a Notary Public of** _____ **County in the State of** _____,

(Notary's name) **(County)**

the person whose signature appears above and with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and acknowledge that he/she executed the instrument for the purposes therein contained.

Witness my hand and official seal this _____ **day of** _____, **201**_____.

_____ **My commission expires:**_____

(Notary Public)

ASP VOLUNTEER
MEDICAL INFO FORM

VOLUNTEER INFORMATION

Vol. Last Name _____

First Name _____ MI _____

Nickname _____

Address _____

City, State, Zip _____

Phone _____

I have completed ASP Required Reading Yes___ No ____

I'm 19 years of age or older and my background check is current (within past 3 yrs). Yes____ No____ NA____

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)* Date of last Tetanus shot _____

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

_____

_____

Medication(s) you **CANNOT** take or allergies/special health problems or concerns _____

_____

_____

Medical insurance information:

Company name _____ Policy # _____

Phone _____ Policy Holder's ID # _____

Address _____ Relationship to policyholder _____

City, State, Zip _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS DOCUMENT

In an emergency, please contact:

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Day Phone _____ Day Phone _____

Evening Phone _____ Evening Phone _____

Cell Phone _____ Cell Phone _____

On this ASP trip? Yes____ No____ On this ASP trip? 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 Appalachia Service Project, Inc., 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.

*SS # not required if copy of medical insurance card provided.