

# Youth Registration Form

(Ages 17 and younger)



**Home Works**

BUILDING CHARACTER | EMPOWERING COMMUNITIES

P. O. Box 102, Irmo, SC 29063 803-781-4536

**Registration Information (Please print clearly)** Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Group/Organization Volunteering With \_\_\_\_\_

Session You Are Registering For \_\_\_\_\_

Your Construction/Repair Skills \_\_\_\_\_

**Release of Liability**

I give unrestricted permission to be included in photographs taken and for those photographs and any written or oral statements I make to be used for the improvement and promotion of Home Works.

Home Works of America, Inc ("Home Works") is a Christian Faith based organization that repairs homes of those in need. Home Works provides this service through youth volunteers who are supervised by adults. On each worksite, volunteers use power tools. On some worksites Home Works will replace the roof of the homeowner.

There are federal laws that establish certain safety standards and restrictions for young workers. Those standards apply to youth that are being paid and Home Works does not believe that they apply to youth volunteering their time with a nonprofit organization. Home Works has advised me that these federal laws ban persons under the age of 18 years from using power driven circular saws, band saws, chain saws, reciprocating saws, wood chippers and abrasive cutting discs ("power tools"). These laws also ban roofing and work performed on a roofing construction site.

I authorize \_\_\_\_\_ (the "Volunteer") to volunteer with Home Works on a work site. Unless I place my initials on one of the lines below, I authorize the Volunteer to work on a roofing site and operate power tools.

For myself and for the Volunteer, I release Home Works, Home Works' board of directors, Home Works' agents and employees, other Home Works volunteers, and the owner of the home on which the volunteer will be working from any and all claims that I, or the Volunteer may have for any injuries sustained or damages incurred during the following work session:

† \_\_\_\_\_

I understand that this is a full and complete release and that Home works requires this release by me on behalf of the Volunteer to allow the Volunteer to work with the identified session.

† Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_ Printed \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

\_\_\_\_\_ If I place my initials here, I **do not want the Volunteer to operate Power Tools.**

\_\_\_\_\_ If I place my initials here, I **do not want the Volunteer to work on a Roofing site.**

In the event of any emergency or need for medical assistance, I authorize the adult in charge to seek such assistance and/or treatment.

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

My Physician is \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

I take the following medications: \_\_\_\_\_

I am allergic to: \_\_\_\_\_

I subscribe to the Volunteer Pledge on the Volunteer Registration Form Instructions.

† Signature \_\_\_\_\_ Date \_\_\_\_\_

† Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Phone: Cell \_\_\_\_\_ Other \_\_\_\_\_