

# TURN BACK THE BLOCK VOLUNTEER FORM



Please print all information:

Name of Volunteer (OR Parent/Guardian's Name if the Volunteer is a minor)

Date

Address

City, State, Zip

Email Address and Phone Number

Group Affiliation (if any)

## VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This release and waiver of liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, (the "Volunteer") in favor of Turn Back The Block, Inc. (*hereinafter referred to as* TBTB), and its partner organizations, and their directors, officers, employees, and agents. The Volunteer desires to work as a volunteer for TBTB and engage in the activities related to being a volunteer. The Volunteer understands that the activities may include constructing and rehabilitating residential buildings.

The Volunteer does hereby freely, and without duress, execute this Release under the following terms:

- 1) **Waiver and Release** The Volunteer does hereby release and forever discharge and hold harmless TBTB and its successors and assigns from any and all liability, claims, and demands of whatever nature, either in law or in equity, which arise or may hereafter arise from the Volunteer's work for TBTB. The Volunteer understands and acknowledges that this Release discharges TBTB from any liability or claim that the Volunteer may have against TBTB with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's participation in TBTB home building program. The Volunteer also understands that, except as otherwise agreed to by TBTB in writing, TBTB does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
- 2) **Medical Treatment** Except as otherwise agreed to by TBTB in writing, the Volunteer does hereby release and forever discharge TBTB from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's work for TBTB.
- 3) **Assumption of the Risk** The Volunteer understands that work for TBTB may include activities that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. In connection thereto, the Volunteer recognizes and understands that activities at TBTB may, in some situations, involve inherently dangerous activities. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases TBTB from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's work for TBTB.
- 4) **Insurance** The Volunteer understands that, except as otherwise agreed to by TBTB in writing, TBTB does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.
- 5) **Photographic Release** Volunteer does hereby grant and convey unto TBTB during the Volunteer's work at TBTB, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 6) **Other** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court or competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Signature of Volunteer: \_\_\_\_\_

To whom it may concern: \_\_\_\_\_, a minor, has my permission to work with  
 \_\_\_\_\_ (Group) in conjunction TBTB, Inc. on \_\_\_\_\_, 20\_\_\_\_.

Signature of Parent or Guardian \_\_\_\_\_

[Required if volunteer is a minor; Please fill out the Minor Emergency Consent Form on the Next Page. ]



### Consent to Emergency Treatment of a Minor

The undersigned parent or guardian of \_\_\_\_\_, a minor, does hereby authorize adult leaders of the group \_\_\_\_\_, or the staff of TBTB, as agents for the undersigned, to consent to any emergency care, including, but not limited to, examinations, x-rays, anesthetics, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by a qualified physician or local hospital. I will assume responsibility for fees resulting from such an emergency.

I/we have reviewed and signed the Release & Waiver of Liability form included in this packet.

\_\_\_\_\_  
Signature, Parent or Guardian

\_\_\_\_\_  
Date

### VOLUNTEER EMERGENCY CONTACT & MEDICAL INFORMATION

Name of Adult (or Minor) Volunteer: \_\_\_\_\_

#### ***IN CASE OF AN EMERGENCY, CONTACT:***

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone (if applicable): \_\_\_\_\_

Alternate contact: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **MEDICAL INFORMATION:**

Allergies (medicine, food, etc): \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medication being taken: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

*Please describe below any medical or physical condition that we should know about to assure that your stay with us is healthy and safe:*



## VOLUNTEER CONDUCT AGREEMENT

*We know our volunteers arrive with an eagerness to work with us and to serve our community. Being part of this project is a great opportunity for you to interact with the homeowners, partner families, and neighbors. In order to set a proper example for our community, and to help nurture our relationship with our neighbors, we ask that you uphold the following conduct agreement during your stay. Failure to do so may result in you and/or your group being asked to leave.*

- Obey TBTB Safety Policy.
- Follow the directions and/or instructions of TBTB staff members.
- Do not use improper and/or threatening language of any kind. This includes, but is not limited to, profanity, racial slurs, and sexually explicit or suggestive conversations.
- Treat all neighbors, homeowners, partner families, volunteers, employees, and visitors to the site with respect and courtesy.
- Discrimination of any kind will not be tolerated.
- There will be no horseplay or roughhousing on site.
- Keep the site and surrounding areas clean.
- Alcohol or illegal drugs are not allowed on the worksite. Drunkenness, use of drugs, and other illicit behavior will not be tolerated and may result in your group being asked to leave immediately.
- No smoking within 50 feet of the jobsite.

**Following the Volunteer Conduct Agreement will help make your experience with TBTB as successful as possible. We want to foster a supportive atmosphere for all our volunteers as you work together in the spirit of Christian partnership. The Volunteer Conduct Agreement is meant to outline the behavior that is expected of you, and that you should expect from every other volunteer, during your time with us at TBTB.**

**I have read and understand this Volunteer Conduct Agreement and agree to abide by it.**

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**Volunteer Signature**

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**Date**