



AzSP VOLUNTEER STATEMENT AND REGISTRATION FORM

Must be received by staff prior to volunteer participation in Arizona Service Project activity

Arizona Service Project is a service project engaged in home repair and housing rehabilitation for the people of Arizona. Arizona Service Project cannot guarantee the safety or sanitation of its worksites or facilities. Volunteers will be participating in home repair and home building activities including, but not limited to: roofing, carpentry, framing, drywall installation, building steps/ramps, plumbing, glasswork, insulation, 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. They may also include the use of power tools such as saws and drills. The foregoing activities will 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 are not required to engage in any work or activity in which they feel they are not able to safely participate. All volunteers understand that there are risks inherent to construction repair work and travel, including risks of serious bodily harm or death, which cannot be eliminated. Accordingly, all volunteers acknowledge these risks and voluntarily choose to assume the risks of all activities with the Arizona Service Project. All volunteers, as well as these volunteers' parents(s)/legal guardian(s), must have read, be familiar with, and abide by Arizona Service Project's [Safety Manual and Expectations, Rules and Regulations](#). The minimum age for Arizona Service Project volunteers is 14 (or must have completed the 8th grade).

I give permission for treatment by competent medical personnel as a result of an accident or medical emergency while I am a volunteer for the Arizona Service Project. Consent is given to accompanying adult volunteers or Arizona Service Project staff to hospitalize, secure proper treatment and or 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 the Arizona Service Project 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 Arizona Service Project (Specifically Arizona Service Project's Expectations, Rules, and Regulations and Arizona Service Project Safety Manual) and I understand the extent and nature of the activities in which my youth or I 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 Arizona Service Project 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 the Arizona Service Project and I am not entitled to compensation or any other employment benefits from the Arizona Service Project.

By signing below, I and/or I and my youth release and discharge Arizona Service Project, 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 Arizona Service Project. My signature below demonstrates my understanding that I am voluntarily waiving any claims I (and/or and my youth) may have or in the future have against the Arizona Service Project based on any events occurring during my time as a volunteer for the Arizona Service Project. I agree that this release and waiver shall be governed by the laws of the State of Arizona because the Arizona Service Project operates in multiple states.

By signing below I and/or I and my youth agree to the following safety protocols:

- Face coverings are required for all volunteers, particularly while working inside or when entering a home. We encourage you to bring your own cloth face covering.
- Frequent hand washing and use of hand sanitizer is encouraged. Hand sanitizer will be provided.
- I will not participate on any day if:
 - I have felt sick with fatigue, cough, fever or shortness of breath in the last 14 days
 - I have had a fever over 99.5 in the last 72 hours
 - I have had known exposure in last 7 days to someone who has been diagnosed with COVID-19
- Workspace, tool and personal safety guidelines as outlined in Arizona Service Project training and site leaders

By signing below I give permission to the Arizona Service Project to use my/my youth's face on all Arizona Service Project social media platforms such as Facebook, Instagram and Twitter. Additionally, I acknowledge that all pictures posted to various social media platforms regarding Arizona Service Project should follow all appropriate Arizona Service Project rules and guidelines. Arizona Service Project reserves the right to have individuals remove any picture(s) off any social media platform if the photo(s) is/are not in accordance with Arizona Service Project guidelines.

Volunteers 18 years of age or older

Participated with the Arizona Service Project before? YES NO

Printed name of participant

Signature

Date

Volunteer under age 18 year of age

Participated with the Arizona Service Project before? YES NO

Printed name of participant

Signature

Date

Parent/Legal Guardian Signature

Date

Media Release and Waiver

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

VOLUNTEER INFORMATION

Vol. Last Name _____

Vol. Marital Status: Single Married Widowed Divorced

First Name _____ MI _____

Nickname _____

Birthday _____ (month/day/year)

Address _____

Gender Male Female

City, State, Zip _____

Occupation _____

Phone _____

Email Address _____

When would you like to volunteer? *Circle all that apply.*

*Winter Service Week (Jan 2-6, 2023)

*Ongoing/As needed

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.

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 _____

Any allergies &/or 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 _____

Also on Project? YES NO

Also on Project? 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 the Arizona Service Project 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.