

Fayetteville, NC Session 2024

Youth Registration Form This volunteer registration form is for individuals 17 and younger.	Staff Use Only Wristband:
PERSONAL INFO	Payment Received:
Name:	
Email: Please provide a regularly checked parent/guardian email address.	T-shirt Size:
Phone:	
Address:	
City: State:	
Male Female Date of Birth: / /	
Parent/Guardian Name:	
Parent/Guardian Phone:	
Group Attending With:	_
HEALTH INFO	
Emergency Contact:	
Emergency Contact Phone:	
Physician: Pho	ne:
Health Insurance Provider: ID/	Policy #:
Allergies(Optional):	
Date of Last Tetanus Shot:	
Medications(Optional):	
In the event of emergency or need for medical assistance, I auth seek such assistance and/or treatment.	orize the adult in charge to

Signature of Legal Guardian:		Date: _	
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#### CONSTRUCTION/REPAIR SKILLS

Drywall Repair	Ramp Construction
Flooring Repair	Roofing
Framing	Siding Repair
Masonry	Window Glazing
Painting	Yard Work
Plumbing	Other:

# WRISTBANDS AND RESTRICTIONS

Youth receives orange wristband if no box is checked and red wristband if both power tool and roofing restrictions.

\_\_\_\_ If I put my initials here, I **DO NOT** want the volunteer to operate power tools understanding drills are excluded (*blue wristband*)

\_\_\_\_ If I put my initials here, I **DO NOT** want the volunteer to work on a roof (yellow wristband)

\_\_\_\_\_ If I put my initials here, I **DO NOT** want the volunteer to work on a site where roofing operations are performed. (*yellow wristband*)

Signature of Legal Guardian: \_\_\_\_\_

Date:



## RELEASE OF LIABILITY

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

Signature of Legal Guardian:	 Date:	

## MEDICATIONS

I give my son/daughter \_\_\_\_\_\_ permission to have in their possession any medication(s) they may require during the Home Works of America Repair Session to Fayetteville, NC. I have reviewed the proper dosage and use of any medication(s) with my son/daughter and give them my permission to self-administer their medication(s) as needed. I understand that Home Works of America adults will not be responsible for holding or administering medications.

### Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER PLEDGE

I certify that I will not use or possess alcohol, illegal drugs, fireworks, or weapons of any kind. I will not use any tobacco or vaping products. I will fully respect the property, needs, and integrity of others including the homeowner and volunteers. I will never make any personal, racial, or sexual comments to or about others. If I am under 21 years of age and arrive by car, I will park and lock my car in a designated location for the duration of the session. I will not use a cell phone, pager, stereo or other electronic equipment at the work site without specific permission of the site leader. I will be present as scheduled and participate fully in all activities as requested by the Site Leader(s). I will follow provided guidelines and rules about equipment use. I will not leave the work site or other prescribed boundaries without specific permission of the Site con other

### Youth Participant: \_\_\_\_\_