



**VOLUNTEER REGISTRATION AND WAIVER OF LIABILITY**

Hammers of Hope, a collaborative effort done in partnership by the Jefferson County Community Partnership and other non-profits and volunteers, is a project in which the homes of the disadvantaged, elderly, and persons with disabilities will be repaired. In consideration of the opportunity afforded to me to assist on a voluntary basis in the Hammers of Hope Repair Project and in light of the aims and purposes of the community service provided by Hammers of Hope in organizing the Home Repair Projects, I hereby waive any right or cause of action arising as a result of my participation in said Project from which any liability may or could accrue against Hammers of Hope or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for the Home Repair Project.

**I acknowledge that I am volunteering and will receive no compensation for my efforts. This waiver shall apply to any project I may be involved with both now and in the future. I also consent to allow any pictures taken of me or the project I work on to be used for publicity or promotional purposes in print, television, radio or internet media.**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

Company/Organization: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

<p><b>Office Use Only</b></p> <p>Date: _____ Related to Case Number: _____</p> <p>Project Location: _____</p>
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# Volunteer Skill Survey

**Volunteers must be at least 14 years of age**

**Please check all volunteer opportunities that apply:**

**VOLUNTEER** – Volunteers, skilled or unskilled, are invited to join us on Project Day (Ages 14 and Up)  
If you are interested in helping with prep work prior to Project Day let us know.

**CAPTAIN** – Manage logistics and work with the Hammers of Hope Program Coordinator in material procurement and overall process for the current build site. Give instructions to the volunteers regarding the building plans for the current site. Serve as “goodwill ambassador” to homeowner, coordinate volunteers at build site, distribute t-shirts, take group photos, and monitor safety.

*Please mark your skill level using the following symbols: **H** for High, **M** for Medium, or **L** for Low*

Carpentry \_\_\_\_\_ Decks/Ramps \_\_\_\_\_ Food Prep/Delivery \_\_\_\_\_ Window glazing \_\_\_\_\_ Heating/AC \_\_\_\_\_

Carpet/Flooring \_\_\_\_\_ Concrete/Asphalt \_\_\_\_\_ Electrical (Licensed Y/N) \_\_\_\_\_ Plumbing (Licensed Y/N) \_\_\_\_\_

Other \_\_\_\_\_

## **AVAILABILITY** (please check all that apply)

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Anytime \_\_\_\_\_ Twice a Month \_\_\_\_\_ Once a Month \_\_\_\_\_ Quarterly \_\_\_\_\_ Yearly \_\_\_\_\_

**Do you have an active CPR or First Aid Certification Yes \_\_\_\_\_ No \_\_\_\_\_**  
(Not required...just helpful to know if one does)

- General** (I am a good worker & I am willing to learn and try)
- Logistics** (I am willing to transport supplies in my truck)
- Prep Work** (I am willing to help with prep prior to Project Day)
- Clean Up Work** (I am willing to help with any clean up after Project Day)

Please return, fax, email or mail form to:

Hammers of Hope  
C/O Jefferson County Community Partnership  
3875 Plass Rd Bldg. A Festus, MO 63028

Fax: 636-465-0987  
Phone: 636-465-0983 x103

[hammersofhope@jccp.org](mailto:hammersofhope@jccp.org)

Hammers of Hope is a service provided by Jefferson County Community Partnership  
HOH-Volunteer Registration-Liability Waiver 2019

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