



Christmas In Action Holly

Building Hope In Your Community

PO Box 310 Holly, MI 48442

248-634-7720

www.HOLLYCIA.org

www.facebook.com/CIAHolly

NAME: _____ PHONE _____

ADDRESS: _____ City: _____ Zip: _____

EMAIL: _____ SHIRT SIZE: S – M – L – XL – XXL

CIRCLE each item that you are skilled in (PLEASE put LIC if LICENSED)

CARPENTRY ELECTRICAL PLUMBING PAINTING FLOORING WALLPAPERING CLEANING
DRYWALL MASONRY ROOFING CARPETING YARD WORK FOOD RUNNER DR/EMT

1: Do you have a truck or van and are willing to haul items? YES or NO **2:** Are you a Notary? YES or NO

3: Are you age 12 to 17? YES or NO (**ALL minors MUST have the MINOR CONSENT SECTION completed & notarized**)

4: Is there a specific group/home you would like to work with? YES or NO NAME _____

VOLUNTEER WAIVER of LIABILITY

In consideration of the opportunity to assist Holly Christmas In Action Home Repair Projects; I hereby waive any rights or cause of action arising as a result of my participation in said project from which any liability may or could accrue against Holly Christmas In Action, it's officers, directors, employees, agents, donors, affiliates, or volunteers, collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or cause of action resulting from personal injury to me, death or damage to my personal property directly or indirectly arising from or sustained in connection with my activities for the Home Repair Project. I also grant Holly Christmas in Action permission to take or have taken still and moving photographs and films of myself. I consent and authorize Holly Christmas In Action, it's advertising agencies, news media and any other persons interested in Christmas In Action and it's work to use and reproduce the photographs, films, and pictures and to circulate and publicize the same by all means including without limiting the generality of the foregoing, newspapers, television, brochures, pamphlets, instructional materials and books.

SIGNED this _____ day of _____, 20__

NAME (PRINT)

SIGNATURE _____



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MINOR VOLUNTEER WAIVER of CONCENT

The below named minor has my permission to participate in Holly Christmas In Action Workday. On behalf of said minor the VOLUNTEER WAIVER OF LIABILITY above is completed. In case of medical/dental emergency I understand that every effort will be made to contact me. Should I be unreachable I give my permission for any physician to hospitalize and treat the said minor. A copy of this form may be accepted by and treated by any physician as the equivalent of the original.

SIGNED this _____ day of _____, 20__

MINORS FULL NAME _____ Date of Birth _____

Parent/Guardian NAME _____ SIGNATURE _____

Medical Insurance Carrier _____ Policy/Group # _____

Physician _____ Phone _____ Dentist _____ Phone _____

Allergies _____ Limitations _____

EMERGENCY CONTACT INFORMATION

Name _____ Phone _____ Relationship to Minor _____

Name _____ Phone _____ Relationship to Minor _____

I certify that _____ acknowledged in my presence that he/she has read and fully understands the meaning and consequences of the foregoing MINOR VOLUNTEER WAIVER of CONCENT and signed it in my presence.

NOTARY PUBLIC _____ MY COMMISSION EXPIRES _____