



Adult Volunteer Form

(All information will be held in confidence)

PLEASE PRINT

Name _____ M or F Birthdate (mm/dd/yy) _____
Address _____ City _____ Zip _____
Phone: Home # _____ Cell # _____
Email Address: (optional) _____
Emergency Contact Name: _____
Emergency Contact Phone #: Home _____ Cell _____
Have you ever volunteered at Saint Mary before? Yes or No If yes, for whom: _____

Basic Medical Information

Medical Insurance Company: _____ Policy # _____
Healthcare Provider: _____ Phone # _____
Have you had a Tetanus Inoculation or booster in the last 10 years? Yes or No
(This information will only be used in the event of an accident or illness for which you are unresponsive.)

Indemnity and Release of Liability

I, _____, the undersigned participant/volunteer hereby agree to participate in
(Print Name)

Home Improvement Ministry activities through The Church of Saint Mary:

- I understand that I may be transported to an offsite location.
- I understand that the activities involved may include but are not limited to construction, demolition, use of tools and acknowledge the inherent risks associated with such activities.
- I understand this information and contract will be deemed valid for one (1) year from the date signed below.

In consideration of my participation in such activity, I HEREBY UNCONDITIONALLY REMISE, RELEASE AND FOREVER DISCHARGE and agree to hold harmless The Church of Saint Mary and their employees, directors, contractors, volunteers or agents, from any and all manner of liability, actions, causes of actions, claims, loss, damage, injury and demands of any nature which may be incurred by the undersigned and the participant while volunteering and/or participation in any Home Improvement Ministry activities through The Church of Saint Mary. This release shall be effective even through said liability, actions, causes of actions, claims, loss, damage, injury and demands results or has resulted from negligence, wrongful acts, omissions breach of contract, breach of duty or care and/or negligence.

Signature of Participant

Date