

REBUILDING TOGETHER QUAD CITIES

Workday: _____

P.O. Box 3245

Davenport, IA 52808 Phone: (563) 322-6534

reach-us@rebuildingtogetherquadcities.org

Please print and mail:

Volunteer Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Age: _____ E-Mail Address: _____

Group Affiliation: _____ Number of Volunteers: _____

House Captain: Coordinates all aspects of repair of one home on workday. Yes No

Volunteer Coordinator: Organizes group of volunteers for workday. Yes No

Able to volunteer for emergency repairs during the year: Yes No

<u>Skills</u>	<u>Not Qualified</u>	<u>Amateur</u>	<u>Skilled</u>	<u>Professional</u>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plaster/Drywall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handy Person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clerical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

WAIVER OF LIABILITY

In consideration of the opportunity afforded me to assist on a voluntary basis in the Rebuilding Together Quad Cities Home Repair Project, a project in which the homes of disabled, elderly, or low-income persons will be repaired by volunteers, and in light of the aims and purposes of the community service provided by Rebuilding Together Quad Cities, in organizing this project, 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 Rebuilding Together Quad Cities, 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.

Signed this _____ day of _____, 200_____

Signature: _____

Witness: _____