



## General Medical Information

This form can be completed on your computer except for the authorizing signature. Print the completed form, sign it and bring it with you to Rebuilding Hope.

Name:  Date of Birth:  Age:  Sex:

Address:  Phone:

City:  State:  Zip:

Marital Status  Single  Married Height:  feet-inches Weight:  pounds

Emergency Contact Person:  Phone:

## Medical Statement

All information requested below **must be** presented to your Rebuilding Hope representative before going to job site. Use the overflow area on the next page for extended information.

a. General Health:  Excellent  Good  Fair  Poor

b. Limitations:

c. Specific problems with:  Back  Legs/Feet  Bones/Joints  Diabetes  Epilepsy  Hypertension

d. Other medical conditions:

e. Tetanus shot up to date?  Yes  No

f. Medicines you take:

g. Known allergies:

Medications used to treat allergies:

h. Medical treatment received in past year:

i. Have you had or been exposed to any contagious disease in the past six months?  Yes  No

If Yes, what disease?

Physician's Name:  Office phone:

Address:  City, ST Zip:

The above information is as accurate and complete as possible. I authorize Rebuilding Hope to obtain emergency medical attention for the person named above should the need arise. I understand that Rebuilding Hope is not responsible for any financial obligation incurred by such care.

Signed: \_\_\_\_\_ Date:

Print Name:  Relationship:

**Overflow Area** Add extended information from above and other comments in this space.

### **Medical Insurance Information**

Name of primary person insured:

Address:

City, ST Zip:

Insurance company:

Address:

City, ST Zip:

Policy number:

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**This form is required for all volunteer team members.  
When completed and signed, give form to your Team Leader.  
Be sure to sign the volunteer register when you check in at Rebuilding Hope.**



## RELEASE OF LIABILITY FORM

This form can be completed on your computer except for the authorizing signatures. Print the completed form, sign it and bring it with you to Rebuilding Hope.

**READ CAREFULLY BEFORE SIGNING. THIS COMPLETED FORM CONSTITUTES AN AGREEMENT BETWEEN YOU, A VOLUNTEER CONSTRUCTION TEAM MEMBER, AND REBUILDING HOPE INC.**

As a volunteer with Rebuilding Hope Inc., I, , acknowledge and state the following:

**I have chosen to perform volunteer work.**

**I understand that this work is hazardous and entails risk of physical injury** and often involves hard physical labor, heavy lifting, strenuous activity, long work hours, use of ladders, construction on roofs or other raised surfaces, screws, nails, broken glass, electrical hazards, falls, unloading supplies, accidents while traveling, cuts, bruises, burns, falling debris, falling trees/limbs, and other hazards foreseeable and unforeseeable that are associated with this type of activity. I recognize and acknowledge potential accidents at the work site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the volunteer team; and am fully aware of possible injuries to members of the volunteer team, including myself. I understand these dangers and certify that I am in good health and physically able to perform this type of work.

**I understand that I am engaging in this project at my own risk.** I understand that this is a “grass roots” activity to support individuals in crisis or in need. I assume all risk and responsibility for any damage or injury to my property or any personal injury that I may sustain while involved in this project, and related medical costs and expenses. I also understand that each individual will have the responsibility of providing his or her own health and accident insurance in the event of any illness or injury experienced during this volunteer mission.

**I understand that Rebuilding Hope is not responsible for my personal property,** money, tools and equipment. No lock-up or security will be provided by Rebuilding Hope for any such items. I will hold Rebuilding Hope harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations which may be in effect for the accommodations at that time.

**Parents are fully responsible for their own minor children.** The Team Leader is responsible for youth under age 18.

This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purpose herein above stated. I understand that this form will remain in effect for this project and all future projects unless myself or a representative of Rebuilding Hope Inc gives notice.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold Rebuilding Hope Inc together with their officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address  Phone

City, ST Zip

Emergency Contact  Phone

Witness: \_\_\_\_\_ Date: \_\_\_\_\_