

**Lehigh Presbytery Helping Hands Care Team
Participant Application and Registration Form – South Carolina
October 21-28, 2017**

| Personal Information | | |
|---|----------------------------|--|
| <i>Note: All information you provide will be kept confidential.</i> | | |
| Full Name: | | |
| <i>Last</i> | <i>First</i> | <i>M.I.</i> |
| Address: | | |
| <i>Street Address</i> | | <i>Apartment/Unit #</i> |
| <i>City</i> | | <i>State</i> |
| <i>ZIP Code</i> | | |
| Daytime Phone: () - | Evening Phone: () - | Cell Phone: () - |
| E-mail Address: | | |
| Age: | Birth date: / / | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Church: | | City: State: |
| (\$175.00 per person for the week) | | |
| Emergency Contact Information | | |
| Full Name: | | |
| <i>Last</i> | <i>First</i> | <i>M.I.</i> |
| Relationship to Participant: | | |
| Daytime Phone: () - | Evening Phone: () - | Cell Phone: () - |
| E-mail Address: | | |
| Health Information | | |
| <i>Note: Health insurance is required for all trip participants.</i> | | |
| Health Insurance Company: | | Phone: () - |
| Policy #: | | Group # |
| Primary Physician: | | Phone: () - |
| Blood Type: | Date of Last Tetanus Shot: | T-Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL |
| Allergies: | | |
| Dietary Restrictions: | | |
| Current Medications: | | |
| Current Health and Allergy Concerns: | | |
| Release and Consent – Waiver of Liability | | |
| <i>In consideration for being accepted by Lehigh Presbytery for participation in this work team, I hereby release, forever discharge and agree to hold harmless said Presbytery for any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned participating in the above named program. The undersigned further hereby agrees to defend, hold harmless and indemnify said Presbytery, its officers, board, employees and agents, for any liability sustained by said Presbytery as a result of the negligent, willful or intentional acts of said participant, including expenses incurred.</i> | | |
| <i>I have read the foregoing and understand the rules of conduct as outlined. I certify that I am of lawful age and competent to sign this Waiver of Liability, having done so voluntarily.</i> | | |
| Applicant Signature: | | Date: / / |

Please return completed forms and registration fee of \$175 for the week per person by October 3, 2017 to:

Lehigh Presbytery, 710 N. Cedar Crest Blvd., Allentown, PA 18104-3494

Checks Payable to: "**Lehigh Presbytery**". Write "**Helping Hands**" in the memo.

Space is limited based on housing availability and will be filled in the order registration/fees are received.

Note: No registration fees will be refunded after October 3, 2017.

Lehigh Presbytery Helping Hands Care Team Volunteer Skills Inventory

| | | | | | |
|---|--------------------------------------|---------------------------------------|---|----------------------------|-------------------------------|
| Name: | Trip Location: South Carolina | Trip Date: October 21-28, 2017 | | | |
| Volunteer Skills Inventory | | | | | |
| <i>Check the best estimate of your ability for each skill from the fields on the right</i> | Unable to do | Willing to learn | Limited skills, need supervision | Can do without supervision | Willing to teach or supervise |
| Tree/Debris Removal: Climb and cut trees w/chainsaw. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mucking flooded houses (strip interior coverings, drywall, plaster, woodwork, etc.) <i>Note: Significant exposure to mold with this activity. Allergies may be a concern.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concrete: Pour and finish concrete slabs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Masonry: Lay concrete block & bricks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Framing: Construct and erect lumber interior and exterior walls. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Drywall: Cut and Hang drywall walls and ceilings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Finish Drywall: Taping, spackling and finishing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Finish Carpentry: Install doors, windows, interior trim and cabinets. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rough Plumbing: Install PVC, copper and PEX water/drain piping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Plumbing Finish: Install kitchen and bath fixtures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rough Electrical: Install main circuits and interior wiring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Finish Electrical: Install fixtures, appliances, devices and terminations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ceramic Tile: Layout and install floor, wall, counter and bath tiling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Interior Flooring: Lay carpet, hardwood/laminate flooring, vinyl sheet flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exterior Siding: Layout and install vinyl, wood and composite siding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Roofing: Remove and install shingles or metal roofing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment Operator: Operate forklift, "Bobcat", etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mechanical Repairs: Skilled at machinery repair, maintenance and solving mechanical problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooking: Ability to prepare meals for large groups and assist in clean-up. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Additional Training and Volunteer Duties | | | | | |
| Are you willing to drive a large van en-route or between jobsites? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Commercial driver's license not required. | | |
| Do you have special disaster response training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please specify skills and certifications below. | | |
| | | | | | |
| Do you have medical training or experience? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please specify skills and certifications below. | | |
| | | | | | |
| Do you have any special health restrictions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please specify any limitations or concerns below. | | |
| | | | | | |
| Do you have any allergies to specific materials or activities ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If yes, please specify below. | | |
| | | | | | |

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