

Please make copies of this form for each member of your group. Due upon your arrival in Hazard.



## Housing Development Alliance, Inc.

P. O. Box 7284 • Hazard, KY 41702

Phone (606) 436-0497 • Fax (606) 436-0598

Kelly@housingdevelopmentalliance.org • TDD (800) 648-6056 Hearing Impaired Only

### Volunteer Information & Consent Form

Name \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Street or P.O. Box

City

State

Zip

Email \_\_\_\_\_

Church/Group \_\_\_\_\_ Workcamp Dates \_\_\_\_\_

### Emergency Contact (not on this trip)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ Day Phone \_\_\_\_\_

Street or P.O. Box

City

State

Zip

Evening Phone \_\_\_\_\_

Allergies, health problems, or concerns \_\_\_\_\_

Medicines you cannot take \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Street or P.O. Box

City

State

Zip

Policy No. \_\_\_\_\_ Policyholder's ID No. \_\_\_\_\_

Volunteers participating with the Hazard/Perry County Housing Development Alliance, Inc. (HPCFDA) will be involved in new construction and repair of homes and other construction-related activities. They may also participate in free time activities. Planned evening activities may include visits to places of regional interest. Note: volunteers are not required to engage in any work or recreational activity in which they feel they are not able to participate safely. The forgoing statement of activities has been read and understood. HPCFDA, its agents, employees, and all persons connected therewith are hereby discharged from any and all liability, claims, and cause of action arising out of participating with HPCFDA. Further consent is given to be treated by competent medical personnel as a result of any accident or medical emergency while involved in the activities of HPCFDA. The participant and guardian grant and convey to HPCFDA all right, title, and interest in any and all photographic images and video or audio recordings made by HPCFDA during participation in activities.

This is the \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Signature (Participant)

I certify that I am 18 years of age or older

Signature

(Parent or Legal Guardian of minor participant)



EQUAL  
HOUSING  
OPPORTUNITY