



## VOLUNTEER STATEMENT AND REGISTRATION FORM

Return to Rehoboth United Methodist Church (RUMC) Rehoboth Missions  
Must be received by RUMC Rehoboth Missions prior to volunteer participation

Rehoboth Missions - Labor of Love is a ministry of Rehoboth United Methodist Church (RUMC) engaged in home repair and assistance to the congregation of RUMC. RUMC cannot guarantee the safety or sanitation of its work sites, accommodations or facilities. Volunteers will be participating in home repair and general home/land maintenance activities including, but not limited to roofing, carpentry, small construction projects, flooring, yard work, painting, small electrical work, and other home repair projects. These activities may include the use of a variety of tools such as ladders, hammers, shovels, rakes, saws, and power tools such as drills, circular saws and nail guns. The foregoing activities may also require climbing with and without supplies, tools and materials as well as working in high places such as on roofs and ladders. Volunteers are not required to engage in any work activity in which they feel they are not able to safely participate. All volunteers understand that there are risks inherent in construction repair work, including risks of serious bodily harm or death that cannot be eliminated. Accordingly, all volunteers acknowledge these risks and voluntarily choose to assume the risks of all activities of this service ministry. **Minimum age for volunteers is 14 years old accompanied by an adult parent/guardian.**

I give permission for treatment by competent medical personnel as a result of accident or medical emergency while I am a volunteer for RUMC. Consent is given to accompanying adult volunteers of RUMC to hospitalize, secure the proper treatment and to order injections, anesthesia or surgery by qualified medical personnel. If possible, the adult contact will make the final decision in cooperation with medical personnel. As RUMC Rehoboth Missions, does not carry accident or medical insurance for volunteers, I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

By signing below, I acknowledge that I have read the foregoing statement of activities and the information and guidelines provided by RUMC and Rehoboth Missions and I understand the extent and nature of the activities in which I will participate. If this release is for a volunteer under the age of 18, the parent/legal guardian's signature below demonstrates that the parent/legal guardian has read this release and hereby gives his/her consent to allow the volunteer to participate in the activities outlined above. I understand that as a volunteer, I am not an employee and I am not entitled to compensation or any other employee benefits.

By signing below, I release and discharge Rehoboth Missions and Rehoboth UMC, its agents, employees and any and all persons connected therewith, from any and all liability claims and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of RUMC or Rehoboth Missions. My signature below demonstrates my understanding that I am voluntarily waiving any claims I may now or in the future have against RUMC or Rehoboth Missions based on any events occurring during my time volunteering for RUMC. I agree that this release and waiver shall be governed by the laws of the State of Maryland because RUMC may operate in multiple states, including Maryland. I also agree that if I pursue any legal action against RUMC or Rehoboth Missions, such suit must be filed in the Maryland State courts, in Washington County, Maryland.

Media release and waiver: The volunteer and the guardian grant and convey to RUMC Rehoboth Missions all right, title and interest in any and all photographic images and video or audio records made during the volunteer's participation with RUMC Rehoboth Missions. The volunteer and guardian also hereby grant permission for RUMC Rehoboth Missions to use photographs, video, audio recordings or to otherwise document participation in RUMC programs.

**Volunteers 18 years of age or older:**

**Volunteers under age 18:**

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Printed name of participant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian Date



# RUMC Rehoboth Missions Volunteer Medical Information Form

## Volunteer Information

Last Name, First Name, MI \_\_\_\_\_

Full Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender      male      female

Occupation \_\_\_\_\_

Email Address \_\_\_\_\_

## Emergency Medical Information

*Medical information on this form will only be used if medical treatment is needed. It will be used for no other purpose.*

Date of last Tetanus shot \_\_\_\_\_

Medications you currently take (prescribed and over the counter, list all)

\_\_\_\_\_  
\_\_\_\_\_

Medications you CANNOT take or allergies/ special health problems or concerns

\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance Information:** Please insure you have a copy of your insurance card any time you are on the worksite.

**In an emergency, please contact:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## **Physician Information**

Physician Name \_\_\_\_\_

Phone \_\_\_\_\_