

# HELPING HANDS VOLUNTEER APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church Membership: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

General Health: (check one)  Poor  Fair  Good  Excellent

Do you have any physical limitations?  Yes  No If yes, please explain: \_\_\_\_\_

Would you be interested in learning about one week mission trips to support: 1) Construction projects sponsored by N.C Baptist on Mission? Yes \_\_\_\_ No \_\_\_\_ 2) Disaster Relief? Yes \_\_\_\_ No \_\_\_\_

Visit <http://www.baptistsonmission.org> for more information.

### Rate Your Personal Skills

Carpentry/Framing	0 1 2 3 4	Tile Work:	0 1 2 3 4		Other Specialized Skills (please list)
Finish Carpentry	0 1 2 3 4	Siding:	0 1 2 3 4		
Dry Wall	0 1 2 3 4	Roofing:	0 1 2 3 4	1. _____	1 2 3 4
Brick Masonry	0 1 2 3 4	Concrete:	0 1 2 3 4	2. _____	1 2 3 4
Painting	0 1 2 3 4	Welding:	0 1 2 3 4	3. _____	1 2 3 4
Electrical	0 1 2 3 4	Pressure Washer	0 1 2 3 4	4. _____	1 2 3 4
Plumbing:	0 1 2 3 4	Yard Work:	0 1 2 3 4		
Heating/AC:	0 1 2 3 4	Chain Saw:	0 1 2 3 4		
Window/ Door Repair	0 1 2 3 4	General Laborer	0 1 2 3 4		
General Building Repair	0 1 2 3 4				

Rate your skills guide: 0-Never Done 1-Done Once or Twice 2-Limited Supervision 3-Very Good 4-Professional  
 Self-assessment of my initial position in the Helping Hands Ministry: \_\_ Laborer, \_\_ Skilled Worker, \_\_ Foreman(Supervisor)

### Disaster Relief Experience/Certifications

Chaplaincy \_\_\_\_ Communications \_\_\_\_ International Search and Rescue \_\_\_\_ Medical Reserve Corps \_\_\_\_  
 Temporary Childcare \_\_\_\_ Mass Feeding \_\_\_\_ Recovery \_\_\_\_ Shower/Laundry \_\_\_\_

Please place an "X" if you are experienced in any area above and a "C" if you are certified by NC Baptists on Mission

Would you like to participate in North Carolina Baptist Men's Training? \_\_\_\_ Yes \_\_\_\_ No

Experience:

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

Do you have a truck? \_\_\_\_ Yes \_\_\_\_ No If yes, what size? \_\_\_\_\_

What equipment would you be able to bring to your work site? \_\_\_\_\_

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

Some projects may require work during the week. If you are able to work during the week please indicate by:

- Circling any days you would normally be available: Mon Tues Wed Thurs Fri Any Day
- Circling the segment of the day you would normally: Morning Evening Either

# **HELPING HANDS MINISTRY LIABILITY WAIVER**

I have volunteered to work in the Helping Hands Ministry of Carmel Baptist Church of Charlotte, Inc. I understand that the Helping Hands Ministry may involve making repairs, renovations, and improvements to the personal residences of certain individuals or ministries that Carmel supports who are in need and in some cases cannot afford to pay for such repairs. I acknowledge that the work which the Helping Hands Ministry performs and which I desire to be a part of by its very nature offers environments where risk of injury to both person and property are possible. I understand the nature of such risks and after considering such risks, I desire to participate in the Helping Hands Ministry and to accept and assume such risks.

Further, in the event of an injury to me, I authorize Carmel Baptist Church to obtain and secure reasonable medical or surgical treatment for me.

Further, in consideration of my participating in the Helping Hands Ministry, I hereby voluntarily release and to hold harmless and indemnify Carmel Baptist Church and its employees, staff, officers, members and agents from and against any and all liability, claims, demands, actions, damages, expenses and costs, including attorney's fees, loss, and judgments of whatsoever kind and nature which may result in whole or in part from my participation in the Helping Hands Ministry including such loss caused by the negligence, acts or omissions of myself, or from the acts or omissions of Carmel Baptist Church, or its employees, staff, members, officers or agents, excepting only such injury or damage resulting from the willful or negligent acts of such parties.

**I understand that there is no personal property insurance or medical or accident insurance provided through the Helping Hands Ministry which will cover me while engaged in the projects of that Ministry, and that all such insurance is my personal responsibility.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date