

Good Neighbors' Volunteer Skills Inventory

Dates Attending:		
Church/Group Name:		
Contact:		Under 21? List age:
Phone Day ()	Phone Eve. ()	Email:
What is your relationship with the group?		
<input type="checkbox"/> Group member <input type="checkbox"/> Year-round staff/volunteer <input type="checkbox"/> Group Leader <input type="checkbox"/> Other: _____		
If you have any first aid or emergency medical treatment experience, please explain:		
This section enables us to do our best to match your skills to the work. There's a chance you may be over-skilled for the work assigned to you. Thanks for being willing to serve wherever we place you. Please circle all the numbers in every category that BEST describe you.		
<i>PAINTING</i> 1. I've helped others paint inside 2. I've done low exterior painting 3. I've painted a two-story house 4. I have a lot of painting experience 5. I am a professional painter	<i>LANDSCAPING</i> 1. I can run a lawn mower. 2. I've run power clippers and weed eaters 3. I'm experienced with a chain saw 4. I have installed retaining walls 5. I am a professional landscaper	
<i>DRY WALLING</i> 1. I've spackled small holes in walls 2. I've done taping and spackling 3. I've measured, cut, & hung drywall sheets 4. I have a lot of dry wall experience 5. I am a professional dry-waller	<i>MASONRY</i> 1. I've helped patch a sidewalk 2. I've poured sections of concrete 3. I have moderate masonry experience 4. I have a lot of masonry experience 5. I am a professional mason	
<i>CARPENTRY</i> 1. I've done small repairs around the house 2. I've measured, cut, nailed lumber 3. I have moderate carpentry experience 4. I have a lot of finish carpentry experience 5. I am a professional carpenter	<i>PLUMBING</i> 1. I've fixed sink/toilet leaks 2. I've installed fixtures 3. I have moderate plumbing experience 4. I have a lot of plumbing experience 5. I am a professional plumber	
<i>ROOFING</i> 1. I've used tar to patch a leak 2. I've replaced sections of a roof <input type="checkbox"/> shingle <input type="checkbox"/> metal 3. I have moderate roofing experience 4. I have a lot of roofing experience 5. I am a professional roofer	<i>ELECTRICAL</i> 1. I've installed new light fixtures 2. I've changed switches and outlets 3. I have some rewiring experience 4. I have a lot of electrical experience 5. I am a professional electrician	
<i>FLOORING / CARPETING</i> 1. I've torn out carpeting and/or linoleum 2. I have helped others lay flooring 3. I have moderate experience <input type="checkbox"/> tile <input type="checkbox"/> carpet 4. I have a lot of experience <input type="checkbox"/> tile <input type="checkbox"/> carpet 5. I'm a professional installer <input type="checkbox"/> tile <input type="checkbox"/> carpet	<i>FOUNDATIONS</i> 1. I've helped with footers and back filling 2. I'm experienced in foundation coating 3. I helped jack up & sure a foundation 4. I have moderate experience laying foundations 5. I have professionally built & repaired foundations	
<i>SIDING</i> <i>let us know if you have a break</i> 1. I've worked with others to apply siding 2. I have moderate experience with vinyl & aluminum 3. I've wrapped window casings and sills 4. I am very experienced with an aluminum break 5. I've applied siding/aluminum professionally	<i>HVAC</i> 5. I am a professional	
	<i>WELDING</i> 5. I am a professional	

Please use the back of this form to give more details about your skills and special tools you can bring. Also, add and explain any other areas where you think we could use your abilities such as: delivery, devos, or music!



ADULT REGISTRATION/MEDICAL INFORMATION FORM
(18 YEARS AND OLDER)

Please print information clearly in black or blue ink.

PARTICIPANT'S NAME _____
Gender: M or F Birth Date _____ E-Mail _____
Street Address _____
City _____ State _____ Zip _____
Home Phone (_____) _____ Work Phone (_____) _____

CHURCH _____ Pastor _____
Street Address _____ Youth Leader _____
City _____ State _____ Zip _____ Phone (_____) _____
Email _____ FAX (_____) _____

GENERAL HEALTH INFORMATION:

List any medications needed; physical limitations; allergies to food, drugs or bee stings etc.; current illnesses; concerns like asthma, heart problems, diabetes, seizures or any other helpful information:

Date of last tetanus shot _____

HEALTH INSURANCE CO: _____ Member #: _____
Address _____ Insurance Agent _____
Physician _____ Phone (_____) _____
Dentist _____ Phone (_____) _____

Please photocopy the front and back of your insurance card & attach to the registration form.

EMERGENCY CONTACT PERSON: Who can we call in case of an emergency?

Name _____ Relation _____
Address _____
Home Phone (_____) _____ Work Phone (_____) _____
Cell Phone (_____) _____

PARTICIPANT AGREEMENT

I, _____, will attend the Mission Trip offered by Good Neighbors, Inc. I agree to participate in the entire program with enthusiasm. I will conduct myself in a Christian manner and agree to follow the Rules and Regulations and all other rules as outlined for me.

Signature of Participant _____ Date _____



ADULT LIABILITY AND MEDICAL RELEASE FORM

In the event that I am deemed unconscious, incoherent or unable to make an intelligent decision, and my spouse is unavailable I, _____, hereby authorize and empower Good Neighbors, Inc., and any adult authorized to act on behalf of Good Neighbors, Inc. to order or approve medical treatment for myself as fully as I could do if I were able. In absence of my spouse Good Neighbors, Inc. and its authorized adult representatives are hereby authorized and empowered to utilize their discretion to submit myself to any form or type of medical treatment, including surgery or anesthesia or transfusions or medications or other medical procedures, by any licensed health care provider. In the absence of my spouse I hereby grant Good Neighbors, Inc. and its authorized adult representatives, a medical power of attorney as to myself and I grant to them the power to make all medical decisions and to authorize and approve all medical decisions and procedures in the same manner as I would if I were personally making such decisions, in the absence of my spouse.

I understand and agree that I am responsible for my own medical insurance. I agree to reimburse Good Neighbors, Inc. for any medical bills or other expenses incurred regarding any medical treatment for myself. I have provided Good Neighbors, Inc. with an accurate health history on the registration form.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold harmless Good Neighbors, Inc. and all of its officers, agents, employees, volunteers, member churches, and related persons and entities from any liability, damage, claim, expense, injury, death, or other loss of any nature involving or related in any way to myself even though such liability, loss, damage, claim, expense, injury, or death may have been caused in part or exclusively by any negligence of Good Neighbors, Inc. or negligence of one or more of its officers, agents, employees, volunteers, member churches, or related persons or entities. My indemnity agreement extends to attorney fees and all litigation costs.

I understand that Good Neighbors, Inc. is not responsible or liable for my personal effects and property and that Good Neighbors, Inc. will not provide security for or lock up any items. I will hold Good Neighbors, Inc. harmless in the event of theft or loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations are in effect at the time of the event.

Good Neighbors, Inc. is not responsible for the purchase of medicine or special foods.

Attending permits your image to be used for print and video promotion by Good Neighbors, Inc.

Participant's name (print) _____

Street address _____

City _____ State _____ Zip _____

Home phone (____) _____ Work (____) _____ Cell (____) _____

Signature _____ Date _____



YOUTH REGISTRATION/MEDICAL INFORMATION FORM
(UNDER 18 YEARS OF AGE)

Please print information clearly in black or blue ink.

PARTICIPANT'S NAME _____ Phone (_____) _____
Gender: M or F Age _____ Birth Date _____ E-Mail Address _____
Street Address _____ Height _____
City _____ State _____ Zip _____ Weight _____

CHURCH _____ Pastor _____
Street Address _____ Youth Leader _____
City _____ State _____ Zip _____ Phone (_____) _____
E-mail _____ FAX (_____) _____

GENERAL HEALTH INFORMATION:

List any medications needed; physical limitations; allergies to food, drugs or bee stings, etc; current illnesses; concerns like asthma, heart problems, diabetes, seizures or any other helpful information

Date of last tetanus shot _____

HEALTH INSURANCE CO: _____ Member # _____
Address _____ Insurance Agent _____
Physician _____ Phone(_____) _____
Dentist _____ Phone(_____) _____

Please photocopy the front and back of your insurance card & attach to the registration form.

EMERGENCY CONTACT PERSON:

In an emergency if parent/guardian cannot be reached, please contact:

Name _____ Relationship _____
Address _____
Home phone (_____) _____ Work Phone (_____) _____
Cell Phone (_____) _____

YOUTH PARTICIPANT AGREEMENT

I, _____, will attend the Mission Trip offered by Good Neighbors, Inc. I agree to participate in the entire program with enthusiasm. I will conduct myself in a Christian manner and agree to follow the **Rules, Regulations, and Expectations.**

Signature of Youth Participant _____ Date _____



YOUTH PARENTAL LIABILITY AND MEDICAL RELEASE FORM

I, _____ (parent or guardian) hereby give permission for my child _____ to attend an event coordinated by Good Neighbors, Inc. I hereby authorize and empower Good Neighbors, Inc. and any adult authorized to act on behalf of Good Neighbors, Inc. to order or approve medical treatment for my child as fully as I could do if I were on site. Good Neighbors, Inc. and its authorized adult representatives are hereby authorized and empowered to utilize their discretion to submit my child to any form or type of medical procedures, by any licensed health care provider. I hereby grant Good Neighbors, Inc. and its authorized adult representatives, a medical power of attorney as to my child and I grant to them the power to make all medical decisions and to authorize and approve all medical decisions and procedures in the same manner as I would if I were personally making such decisions.

I understand and agree that I am responsible for my child's medical insurance. I agree to reimburse Good Neighbors, Inc. for any medical bills or other expenses incurred regarding any medical treatment for my child. I have provided Good Neighbors, Inc. with an accurate health history for my child on the Registration Form.

I understand that Good Neighbors, Inc. is not responsible or liable for my child's personal effects and property, and that Good Neighbors, Inc. will not provide security for or lock up for any items. I will hold Good Neighbors, Inc. harmless in the event of theft or loss resulting from any source or cause. I further understand that my child is to abide by whatever rules are in effect at the time of the trip.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold harmless Good Neighbors, Inc. and all of its officers, agents, employees, volunteers, member churches, and related persons and entities from any liability, damage, claim, expense, injury, death or other loss of any nature involving or related in any way to myself or my child, even though such liability, loss, damage, claim, expense, injury, or death may have been caused in part or exclusively by any negligence of Good Neighbors, Inc. or negligence of one or more of its officers, agents, employees, volunteers, member churches, or related persons or entities. My indemnity agreement extends to attorney fees and all litigation costs.

****Attending permits your child's image to be used for print and video promotion by Good Neighbors, Inc.****

Parent/guardian name (print) _____

Street Address _____

City _____ State _____ Zip _____

Home phone (_____) _____ Work phone (_____) _____

Cell phone (_____) _____

Parent/guardian signature _____ Date _____