



2023 Community Rehab Project Adult (18+ years old) Registration Form

Please PRINT all information...ALL FIELDS must be completed...if none then print "None" or N/A

2023 Rehab Dates:
Sunday, June 11 through
Friday, June 16

Fees: \$35
Includes all meals, t-shirt, and lodging (if required).

All fees are non-refundable.

T-shirts are not guaranteed for any participant's registration form received after **MAY 15, 2023**

The Community Rehab Project . . .

. . . is a registered non-profit program designed to provide low-income homeowners of Comanche County with no-cost home repairs. Rehab is operated as a coalition of area churches, the Cities of Comanche, De Leon and Gustine as well as many local businesses and individuals.

Name		
Gender	Age	Birthdate
Home Church / Participating Organization		
Home Address	City / State / Zip	
Home Phone	Cell Phone	
T-Shirt Size	E-Mail Address	
Spouse's/Emergency Contact Name		
Spouse's/Emergency Contact Work or Cell Phone Number		
Secondary Emergency Contact (If spouse is not available)		
Relation	Contact Home/Cell/Work Phone	
Insurance Carrier	Policy #	
Please list any physical limitations to your ability to work:		
Are you fearful of heights? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to transport youth in your vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Seat Belts: _____		
Is this your first Rehab project? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many others / when? _____
Please list any other construction experience in addition to Rehab:		
Please list any allergies or medical conditions:		

Continued on back...

<p>Complete this form with your registration fee BEFORE MAY 15, 2023 and return to your Church's Youth Minister or Organization Director. All fees are non-refundable.</p>	<p>Rehab Board Use Only: Received: _____ Processed: _____ Payment: _____ Crew: _____</p>
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Youth Minister/Organization Director Use Only:
Form Completed: _____ Date: _____ Payment Amt: \$ _____ Rec'd: _____

Please PRINT all information...

Adult Name: _____

Please indicate your interest in serving in AT LEAST ONE of the following Rehab crew positions:

- Crew Chief – the primary construction supervisor on a particular worksite (requires Construction Coordinator interview and approval)
- Crew Encourager – helps Crew Chiefs mobilize and motivate workers throughout the project – aids in coordinating student crew jobs
- Driver – carries students to and from jobsites (please list your vehicle and how many seat belts you have: _____)
- Kitchen Staff * – helps prepare and coordinate food for worker’s meals
- Food Delivery * – carries meals and any other related supplies to work crews
- School Crew/Security * – helps in supervision of activities at the High School (worship, lodging, free-time, clean-up, set-up, tear-down, etc.)
- None of the Above – I just want to serve as a worker on a crew

* Local area residents only

<p>Please rate on a scale of 1 to 10 (10 being highest) the following construction areas in which you have experience:</p> <p style="margin-left: 40px;">_____ Painting</p> <p style="margin-left: 40px;">_____ Carpentry</p> <p style="margin-left: 40px;">_____ Windows / Doors</p> <p style="margin-left: 40px;">_____ Roofing</p> <p style="margin-left: 40px;">_____ Siding</p> <p style="margin-left: 40px;">_____ Sheet Metal</p>	<p>Please list any special skills you may have that you think would be helpful in this project:</p> <p style="text-align: center;">Fluent in Spanish <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other skills: _____</p> <p>_____</p>
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Adult Participation Schedule

In order to ensure that we have both enough adults to sponsor students and to complete all the work that must be done, we need to know when you can work. Understanding your other obligations to work and family, please check below all of the times you will work/attend so that we can plan for your schedule (please check all that apply):

- | | | | | | | | |
|------------------|----------------------------------------------------------------------------------|----------------------------------|------------------------------------|-----------------|----------------------------------|----------------------------------|------------------------------------|
| <u>Sunday</u> | <input type="checkbox"/> Afternoon Orientation (ALL participants need to attend) | | | | | | |
| <u>Monday</u> | <input type="checkbox"/> All Day | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <u>Tuesday</u> | <input type="checkbox"/> All Day | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <u>Wednesday</u> | <input type="checkbox"/> All Day | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <u>Thursday</u> | <input type="checkbox"/> All Day | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <u>Friday</u> | <input type="checkbox"/> All Day | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | | | | |

**Evening Worship daily Sunday through Friday at 7:00 PM (all Volunteers encouraged to participate each evening)
Groups will be dismissed at approximately 8:00 PM on Friday and will need to pack and leave by 10:00 PM**

Legal Disclaimer:

I, _____, the undersigned adult, being 18 years or older, intend to participate in the Community Rehab Project – June 11, 2023 thru June 16, 2023. By signing, I understand that the purpose of this project is to provide manual labor through construction to local homes and because of that, I, as a result of my participation, may be injured or killed as a result of my participation. By signing, I agree to forever release and hold harmless from any and all liability the following entities and individuals: the Community Rehab Project Coordinating Board, Community Rehab Project leadership (organized or volunteer), participating Churches or organizations and their ministers and/or adult sponsors, the City of Comanche, the City of DeLeon, the City of Gustine, project homeowners, the Comanche Independent School District, or any and all other institutions or individuals directly or indirectly involved in sponsoring the Community Rehab Project in the event that I may be Injured or killed while participating in activities associated with this event; while being transported in any designated vehicle during any time; while using any powered or non-powered tools; while on ladders and/or scaffolding; while working on top of or below project homes; while seeking emergency medical treatment; or while being asked to perform any other reasonable task associated with Community Rehab Project. I also release the above named entities from liability in the event that any of my personal property including, but not limited to tools, equipment, electronics and vehicles is lost, damaged, stolen or destroyed. Furthermore, I agree to pay all costs associated with my participation in this activity including, but not limited to: registration fees, extra meals, snacks, emergency room visits and medical expenses. I give permission for Community Rehab Project leadership to seek emergency medical treatment on my behalf if my spouse or other emergency contact is not able to be reached in the event of my injury. By signing below, I also give permission for the Community Rehab Project to film and photograph me and to use said images, with or without editing, in any publicity and or advertising related to this event without my pre-approval, consent, knowledge or notification. I further agree to abide by all rules and regulations as outlined by the Coordinating Board of the Community Rehab Project and designated adult Crew Chiefs. I understand that if I fail to cooperate and abide with the rules of this event, it is the privilege of the Coordinating Board to deal with such infractions, and, if necessary, immediately remove me from participation in this event with no refund of money. Lastly, in order to ensure the safety of all students, we require a background check for all adults 18 years of age and over. By signing below, I agree to allow the Coordinating Board of the Community Rehab Project to conduct a criminal background check on me. I testify that the information I have given in this form is true and accurate and that any failure to provide accurate or truthful information may result in loss of fees, immediate dismissal from the project and referral to local law enforcement agencies. I understand my conduct shall at all times be above reproach and will respond to all situations in a Christian manner.

Please provide your Driver’s License Number & State of Issuance: _____ Please provide your SSN _____

Have you ever been convicted of a felony? No Yes: Please Explain _____

Please list any aliases by which you may be known: _____

I have read the above legal disclaimer and agree to its terms:

Signature of Participant

Date