

Volunteer Agreement(Liability Release Form)

The Work we are doing, in a capacity nominally referred to as "Westborough ASP" (hereinafter "ASP"), is part of a Christian ministry. We are engaged in home repair and home building for the people of Appalachia and at times, locally. ASP is organized and led by First United Methodist Church of Westborough, Inc. ("FUMC") and St. Luke the Evangelist Church (St. Luke's) and where the term ASP is used herein, it is intended to include FUMC and St. Luke's.

ASP cannot guarantee the safety or sanitation of work sites, accommodations, or facilities. Volunteers will be participating in construction activities including, but not limited to roofing, carpentry, framing, dry wall installation, plumbing, insulating, painting, flooring, masonry, electrical wiring, other home building, remodeling, and renovation. These activities may include, but are not limited to, traveling to and from work sites and as otherwise needed for this work, the use of a variety of tools such as ladders, shovels, rakes, hammers, saws, other hand tools, and power tools such as saws and drills. The foregoing activities may also require working from a ladder or scaffolding or in high places such as on roofs. Volunteers will be travelling in vehicles on roads of varying conditions and possibly in adverse weather conditions. Volunteers may also engage in non-ASP sponsored recreational activities of their choosing on and off ASP sites and gathering locations. Planned evening activities may include travelling to visit places or people of regional interest. Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate. All volunteers understand that there are risks inherent in construction work, travel, and recreational activities, including risks of serious bodily harm or death, that cannot be eliminated. Accordingly, all volunteers acknowledge these risks, voluntarily choose to assume the risks of all activities with ASP. All volunteers, as well as their parent(s)/legal guardian(s), must have read, be familiar with, and abide by [The Appalachia Service Project, Inc.'s "3-S" Safety Guidelines and Expectations, Rules and Regulations](#). Volunteers on an ASP trip must be at least 13 years of age and have completed the 8th grade.

I give permission for treatment by competent medical personnel resulting from accidents or medical emergencies while I am a volunteer with ASP. Consent is given to accompanying adult volunteers or ASP staff to hospitalize, secure 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. I acknowledge that ASP does not provide accident or medical insurance for volunteers, that my insurance company will be responsible for such medical care expenses, and that I may be billed by and responsible to the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage, 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 ASP (specifically the Appalachia Service Project, Inc.'s "3-S" Safety Guidelines and Expectations, Rules and Regulations) and I understand the extent and nature of the activities in which I or my youth 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, the Guidelines and manuals, and hereby gives his/her consent to allow the volunteer to participate in the activities outlined above. Volunteers are not employees of ASP and they are not entitled to compensation or any other employment benefits of ASP.

COVID-19: The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and increased sanitation practices by individuals and organizations.

Participation with ASP may involve working, sleeping, eating, or recreating in close proximity to others. It may also involve working inside someone's home and/or necessitating touching surfaces, objects, building materials, tools, or equipment that others have touched. While ASP has enacted sanitation procedures and behavioral protocols to mitigate against the risk of spread of COVID-19 or other infectious diseases, all risks cannot be eliminated. I assume all risks and hold ASP harmless for any illness that may result from my involvement.

By signing below, I (and/or my youth as applicable) confirm that I (and/or my youth as applicable) understand and agree to all of these terms. Further, I (and/or my youth as applicable) release, waive and discharge the Appalachia Service Project, Inc., First United Methodist Church of Westborough, Inc., the United Methodist Church, St. Luke The Evangelist Church, the Catholic Church (collectively in this paragraph, Robert J. McManus, Roman Catholic Bishop of Worcester, A Corporation Sole and Trustees, The Diocese of Worcester, Members of the Board of Governors, Clergymen and Catholic Charities ("the Releasees"), and their agents, servants, employees, volunteers, and all persons connected therewith, from all claims, damages, loss, cost, all other liability claims, and causes of action of any type whatsoever, both in law and in equity, arising out of, related to, or in any way connected with participation in the activities of ASP. My signature below demonstrates my understanding that I am voluntarily waiving and releasing any and all claims I (and/or my youth as applicable) had, have or may hereinafter have, against the Releasees.

Media Release and Waiver: The Volunteer and Guardian grant and convey to ASP all rights, title, and interest in all photographic images, video or audio records made during participation with ASP. The Volunteer and Guardian also hereby grant permission for ASP to use photographs, videos, audio recordings, or to otherwise document Volunteer participation in ASP programs, solely for the purpose of marketing, research, and/or education. ASP will not identify by name any minors in either print or web-based images without permission.

SIGNATURE (REQUIRED)

I have completed *

<http://www.westboroughasp.org/requiredreading.html>

Printed Name of Participant/Volunteer *

Printed Name of Parent/Legal Guardian (if Participant is under 18 years old) *

Signature of Participant (if over 18) or Parent/Legal Guardian (if under 18) *

Date *

Volunteer Medical Form

(Emergency Contact and Consent for Treatment)

Submit online OR give copy to staff upon arrival at ASP center.

VOLUNTEER INFORMATION (REQUIRED)

Volunteer Last Name* _____ First Name* _____ Middle Int. _____ DOB (MM/DD/YYYY) * _____
Address (street, apt #)* _____ City, State* _____ Zip* _____
_____ () _____ - _____
Email* _____ Phone* _____

In an emergency, please contact: *

Name _____
Relationship _____
Address _____
City, State, Zip _____
Day Phone _____
Evening Phone _____
Cell Phone _____
On this ASP trip? Yes No

Name _____
Relationship _____
Address _____
City, State, Zip _____
Day Phone _____
Evening Phone _____
Cell Phone _____
On this ASP trip? Yes No

EMERGENCY MEDICAL INFORMATION (OPTIONAL)

*Medical information is optional to share but can be helpful if treatment is needed and a responsible party cannot be reached. Information on this form is kept confidential and will **only** be used if medical treatment is needed. If you are taking medications or have allergies or health conditions that would be important for a medical professional to know during treatment, please list below.*

Date of last Tetanus shot: _____

Medication(s) you currently take (prescribed & over-the-counter): _____

Medication(s) you **CANNOT** take or allergies, health conditions or concerns: _____

Physician information:

Physician name _____ Phone _____

WE SUGGEST YOU BRING A COPY OF YOUR INSURANCE CARD WITH YOU

CONSENT (REQUIRED)

In the event of an emergency or non-emergency situation in which medical treatment is required while participating with Westborough ASP, the mission project run by First United Methodist Church of Westborough, Inc. and St. Luke The Evangelist Church, every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Signature of Participant (if over 18) or Parent/Legal Guardian (if under 18) *

Date *