



## Volunteer Trip Agreement (Liability Release Form)

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

Appalachia Service Project (ASP) is a Christian ministry engaged in home repair and home building for the people of Appalachia. ASP operates in rural areas that are often far from professional medical care and 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 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, and agree to hold ASP harmless for any injury, damages or other loss resulting from these activities. All volunteers, as well as their parent(s)/legal guardian(s), must have read, be familiar with, and abide by [ASP's "3-S" Safety Guidelines and Expectations, Rules and Regulations](#). **Volunteers on all ASP Trips must have completed 6<sup>th</sup> 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 ASP's Expectations, Rules, and Regulations and ASP's "3-S" Safety Guidelines) 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 ASP guidelines and manuals, 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 of ASP and I am 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 I and my youth) release and discharge Appalachia Service Project, Inc. its agents, employees, and all persons connected therewith, from 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 the Appalachia Service Project, Inc. My signature below demonstrates my understanding that I am voluntarily waiving any claims I (and/or I and my youth) may now or in the future have against ASP based on any events occurring during my time as a volunteer for ASP.

**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 \*  
[ASP Required Reading](#)

I'm 19 years of age or older and my background  
check is current (within past 3 yrs) \*

Yes  No  NA (under 18)

\_\_\_\_\_  
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 Appalachia Service Project, Inc., 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 \*