

Please make copies of this form for each member of your group. Due upon your arrival in Hazard.



Housing Development Alliance, Inc.

P. O. Box 7284 • Hazard, KY 41702

Phone (606) 436-0497 • Fax (606) 436-0598

Kelly@housingdevelopmentalliance.org • TDD (800) 648-6056 Hearing Impaired Only

Volunteer Information & Consent Form

Name _____ Age (if under 18) _____

Address _____ Home Phone _____
Street or P.O. Box

City _____ State _____ Zip _____

Email _____

Church/Group _____ Workcamp Dates _____

Emergency Contact (not on this trip)

Name _____ Relationship _____

Address (if different from above) _____ Day Phone _____
Street or P.O. Box

City _____ State _____ Zip _____

Evening Phone _____

Allergies, health problems, or concerns _____

Medicines you cannot take _____

Insurance Company _____ Phone _____

Address _____
Street or P.O. Box _____ City _____ State _____ Zip _____

Policy No. _____ Policyholder's ID No. _____

Volunteers participating with the Hazard/Perry County Housing Development Alliance, Inc. (HPCHDA) will be involved in new construction and repair of homes and other construction-related activities. They may also participate in free time activities. Planned evening activities may include visits to places of regional interest. Note: volunteers are not required to engage in any work or recreational activity in which they feel they are not able to participate safely. The forgoing statement of activities has been read and understood. HPCHDA, its agents, employees, and all persons connected therewith are hereby discharged from any and all liability, claims, and cause of action arising out of participating with HPCHDA. Further consent is given to be treated by competent medical personnel as a result of any accident or medical emergency while involved in the activities of HPCHDA. The participant and guardian grant and convey to HPCHDA all right, title, and interest in any and all photographic images and video or audio recordings made by HPCHDA during participation in activities.

This is the _____ day of _____, 200__.

Signature (Participant)
I certify that I am 18 years of age or older

Signature
(Parent or Legal Guardian of minor participant)



**EQUAL
HOUSING
OPPORTUNITY**