



Good Works, Inc.
Volunteer Worker Releases

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Each member of the group will need to fill out the information requested below and sign in agreement. Give the completed form to your leader who will then give it to Good Works staff on the day of your Work Camp.

Name _____ Date _____

Address _____ City _____

State _____ Zip _____ Phone _____ E-Mail address: _____

We will be using the above information to send you newsletters to keep you up to date on what we are doing unless you inform us otherwise. Thank you for your interest in this ministry.

Male _____ Female _____ Group you are visiting with: _____

Dates of Service: _____

If under 18, please also complete the following:

Parent or Legal Guardian: _____

Address (if different from above) _____

City _____ State _____ Zip _____ Phone _____

*Note: Any volunteers seeking class credit, community service hours or internship credit must request this in writing, in advance through our application process. We will not sign off on any volunteer time that is required for class credit, community service or internship credit after it is completed, **unless it is approved in advance.***

Personal Commitment

I commit myself to serve at a Good Works Work Camp with my sponsoring organization. I realize that this experience will expose me to living and working conditions that I may not be accustomed to and which may require personal sacrifices of me. I will do my best to persevere and act with kindness to all, with the support of my peers and leaders, even when I am tired and uncomfortable. I gladly accept this as an opportunity to learn and grow personally. I also understand that I may be sharing a facility with recovering homeless people (who have been carefully screened).

I commit myself to the guidance of the leaders of my Work Group and to the leadership on the staff of Good Works. I will do my best to comply with their requests and will honestly admit my own limitations to them when necessary. In addition, I commit myself to respect the other members of my Work Group so that the entire experience can be a benefit to all.

Finally, I commit myself to serving the homeless and needy of Southeastern Ohio with Good Works. I will give my best to serve them and will give them proper respect as I work for them and with them.

Release of All Claims

I voluntarily and knowingly agree to this Release of All Claims with the express purpose and intention of releasing all the obligations described below: I agree not to hold Good Works, Inc. of Athens, Ohio, its employees, volunteers, corporate officers and all others connected with the ownership, operation and maintenance of the facilities, activities, programs and services of Good Works responsible for any or all injuries or damages known or unknown which might be incurred during and/or after the volunteer experience with/at Good Works. Furthermore, I release Good Works from all claims, demands, actions, judgements, and executions which may be incurred during and/or after the volunteer experience with/at Good Works.

Media Release

Good Works takes pictures and occasionally video of work groups while they are serving with us. These are used in our newsletters, on our web site and in brochures we hand out. We are also funded through organizations who want pictures showing how their money was used to help the community and the organization. The pictures are not sold to anyone but are used solely for our publications and the publications of our grantors. By signing this agreement, you are giving us permission to use these pictures as described here.



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Medical Release

Medical & Insurance Information

Family Doctor's Name _____ Phone (____) _____ - _____

Address _____

City _____ State _____ Zip _____

List any allergies, health conditions and/or medications _____

Immunizations up to date? Yes _____ No _____ Date of last Tetanus Shot _____ \ _____ \ _____

Explain _____

Insurance Company _____ Phone (____) _____ - _____

Name of Policyholder _____

Relationship to Participant _____

Parent/Guardian Release (if under 18)

In order that my child may receive the necessary medical treatment from medical staff of an area hospital, I hereby consent to medical treatment for my child. This pertains to any injury or illness during the dates of the work camp and the related trip to and from Athens, Ohio. I also authorize the designated adult or event staff to obtain such treatment. I further acknowledge and understand that while participating in the work camp at Good Works, Inc. there is a possibility of physical illness or injury and that my child and I are assuming the risk for such illness or injury by her/his participation. Payment of any medical expenses will be paid by me or by my insurance company.

Adult Release (if over 18)

In order that I may receive the necessary medical treatment from medical staff of an area hospital, I hereby consent to medical treatment for myself. This pertains to any injury or illness that occurs during the dates of the work camp and the related trip to and from Athens, Ohio. I also authorize the designated event staff to obtain such treatment. I further acknowledge and understand that while participating in the work camp at Good Works, Inc. there is a possibility of physical illness or injury and that I am assuming the risk for such illness or injury by my participation. Payment of any medical expenses will be paid by me or by my insurance company.

Persons to contact in emergency:

1) Name _____ Relationship _____

Day Phone (____) _____ - _____ Night Phone (____) _____ - _____

2) Name _____ Relationship _____

Day Phone (____) _____ - _____ Night Phone (____) _____ - _____

I (work group participant) agree to the above described releases and to the time of service at Good Works, Inc.

Signature: _____

Permission Release (If under 18)

I (parent or legal guardian), _____, give permission for my child listed above to participate in a Work Group with this group on the property of Good Works, Inc. in Athens, Ohio and I agree to the above described releases.

Signature: _____