REBUILDING TOGETHER PITTSBURGH

VOLUNTEER REGISTRATION

Please Print:			
Name:			
Age: (If you are under 18 years of age	you must also complete	e a Parental Permission form)	
Affiliation (Company/Organization):			
Home Address:			
City:State:	ZIP:		
Phone#:			
E-mail:			
Please list any home repair skills:			
I'm willing to receive a newsletter and spec	ial mailings from Reb	ouilding Together Pittsburgh:	
Yes: No:			
I wish to be informed about future volunteer	opportunities:		
Yes: No:			
WAIVER OF LIABILITY In consideration of the opportunity afforded me to a project in which the homes of disadvantaged person purposes of the community service provided by Rebu waive and release any right, claim or cause of action any liability may or could accrue against Rebuilding collectively or individually or any project homeowne waiver and release shall include any rights, claims or my property sustained in connection with any activiti	as will be repaired by volu- nilding Together Pittsburgh arising as a result of my pa Together Pittsburgh, or an rs. Without limiting the go- causes of action resulting	nteers, and in light of the aims and in in organizing this project, I hereby articipation in said project from which y of their respective officers and director enerality of the foregoing, I agree that the from personal injury to me or damage to	ors iis
MEDIA RELEASE I understand that photographs and/or videotapes may Rebuilding Together Pittsburgh to use these photogra and discharge all parties associated with Rebuilding I liability, which may arise now or in the future or deve	phs and/or videotapes for Γogether Pittsburgh, its ag	publicity purposes. I, therefore, release ents, servants and employees from any	
Signed in Pittsburgh, PA this	day of	, 20	
Signature:			

Rebuilding Together Pittsburgh

PARENTAL PERMISSION FORM

In consideration of the opportunity afforded my child to assist on a voluntary basis with Rebuilding Together Pittsburgh, a program in which the homes of disadvantaged persons will be repaired by volunteers, and in light of the aims and purposes of the community service provided by Rebuilding Together Pittsburgh in organizing this project, I (we) give my (our) permission for my (our) child to participate in the workday, and I (we), on behalf of my (our) child and myself (ourselves), waive any right or cause of action arising as a result of my child's participation in said project from which any liability may or could accrue against Rebuilding Together Pittsburgh or its officers and directors collectively or individually. Without limiting the generality of the forgoing, I (we), on behalf of my (our) child and myself (ourselves), agree that this waiver shall include any rights or causes of action resulting from personal injury to my (our) child or damage to my (our) child's property sustained in connection with my (our) child's activities from the workday.

Signed this	day of	, 2013
Child's Name		
Child's Date of Birth		
Parent/Guardian	Phone Number	
Emergency Contact Name	Phone Number	

Rebuilding Together Pittsburgh 631 Iron City Drive Pittsburgh, PA 15205 412-922-0953