

REBUILDING TOGETHER PITTSBURGH VOLUNTEER REGISTRATION

Please Print:

Name:

Taylor Jorde

Age: 22

(If you are under 18 years of age you must also complete a Parental Permission form)

Affiliation or Company:

University of Idaho ASB

Home Address:

1330 Linda Ln. #11

City:

Moscow

State:

ID

ZIP:

83843

E-mail:

taylorjorde@gmail.com

Please list any home repair skills:

None specific however I'm not afraid to jump in and look forward to a challenge.

Yes: ☒ No: ☐

Are you interested in receiving information about future volunteer opportunities?

WAIVER OF LIABILITY

In consideration of the opportunity afforded me to assist on a voluntary basis with Rebuilding Together Pittsburgh, a project 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 hereby waive and release any right, claim or cause of action arising as a result of my participation in said project from which any liability may or could accrue against Rebuilding Together Pittsburgh, or any of their respective officers and directors collectively or individually or any project homeowners. Without limiting the generality of the foregoing, I agree that this waiver and release shall include any rights, claims or causes of action resulting from personal injury to me or damage to my property sustained in connection with any activities in a Rebuilding Together Pittsburgh event or project.

MEDIA RELEASE

I understand that photographs and/or videotapes may be taken of me during workday. I hereby assign and authorize Rebuilding Together Pittsburgh to use these photographs and/or videotapes for publicity purposes. I, therefore, release and discharge all parties associated with Rebuilding Together Pittsburgh, its agents, servants and employees from any liability, which may arise now or in the future or develop from such activity as described above.

Signed in Pittsburgh, PA this

2nd day of January, 2015

Signature:

Taylor Jorde

Print Name:

REBUILDING TOGETHER PITTSBURGH VOLUNTEER REGISTRATION

Please Print:

Name:

Kenya Ortega

Age: 20

(If you are under 18 years of age you must also complete a Parental Permission form)

Affiliation or Company:

University of Idaho - ARB

Home Address:

232 Baker St. Apt 204

City:

Moran

State:

ID

ZIP:

83843

Phone #: (208) 561-9693

E-mail:

prayerio.kenya@uho.com

Please list any home repair skills:

removal, painting, caulking, carpet

Are you interested in receiving information about future volunteer opportunities? Yes: ☒ No: ☐

WAIVER OF LIABILITY

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Signed in Pittsburgh, PA this

January

day of

2

, 20

15

Signature:

Kenya Ortega

Print Name:

Kenya Ortega

REBUILDING TOGETHER PITTSBURGH
VOLUNTEER REGISTRATION

Please Print:

Name: AMAYA AMIGAO

Age: 21 (If you are under 18 years of age you must also complete a Parental Permission form)

Affiliation or Company: UNIVERSITY OF IDAHO

Home Address: 312 E. 2ND STREET

City: MOSCOW State: ID ZIP: 83843

Phone #: (208) 995-1400

E-mail: amig8038@vandals.vidaho.edu

Please list any home repair skills: not much

Are you interested in receiving information about future volunteer opportunities? Yes: ☒ No: ☐

WAIVER OF LIABILITY

In consideration of the opportunity afforded me to assist on a voluntary basis with Rebuilding Together Pittsburgh, a project 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 hereby waive and release any right, claim or cause of action arising as a result of my participation in said project from which any liability may or could accrue against Rebuilding Together Pittsburgh, or any of their respective officers and directors collectively or individually or any project homeowners. Without limiting the generality of the foregoing, I agree that this waiver and release shall include any rights, claims or causes of action resulting from personal injury to me or damage to my property sustained in connection with any activities in a Rebuilding Together Pittsburgh event or project.

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Signed in Pittsburgh, PA this JANUARY 2 day of 2015

Signature: AMAYA AMIGAO

Print Name: AMAYA AMIGAO

REBUILDING TOGETHER PITTSBURGH
VOLUNTEER REGISTRATION

Please Print:

Name: Josh Allen

Age: 10 (If you are under 18 years of age you must also complete a Parental Permission form)

Affiliation or Company: University of Idaho

Home Address: 509 S. Asbury St Apt 108

City: Moscow State: ID ZIP: 83843

Phone #: 208 608 1348

E-mail: egjennig94@hotmail.com

Please list any home repair skills: Tile Floors

Are you interested in receiving information about future volunteer opportunities?
Yes: ☒ No: ☐

WAIVER OF LIABILITY

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Signed in Pittsburgh PA this January day of 2, 2015
Signature: [Signature]
Print Name: Josh Allen

REBUILDING TOGETHER PITTSBURGH
VOLUNTEER REGISTRATION

Please Print:

Name: Susana Ruiz-Gallagos Esquivel

Age: 21 (If you are under 18 years of age you must also complete a Parental Permission form)

Affiliation or Company: University of Idaho ASB

Home Address: 1080 10 6th St MSC 2130

City: Moscow State: ID ZIP: 83843

Phone #: 208-871-5487

E-mail: susana.r.g@hotmail.com

Please list any home repair skills: fore up carpet, installing toilets, painting, installing light fixtures

Are you interested in receiving information about future volunteer opportunities? Yes: ☒ No: ☐

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In consideration of the opportunity afforded me to assist on a voluntary basis with Rebuilding Together Pittsburgh, a project 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 hereby waive and release any right, claim or cause of action arising as a result of my participation in said project from which any liability may or could accrue against Rebuilding Together Pittsburgh, or any of their respective officers and directors collectively or individually or any project homeowners. Without limiting the generality of the foregoing, I agree that this waiver and release shall include any rights, claims or causes of action resulting from personal injury to me or damage to my property sustained in connection with any activities in a Rebuilding Together Pittsburgh event or project.

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Signed in Pittsburgh, PA this

and

day of January, 2015

Signature: Susana Ruiz-Gallagos

Print Name: Susana Ruiz-Gallagos

REBUILDING TOGETHER PITTSBURGH VOLUNTEER REGISTRATION

Please Print:

Name: Rosemary Goldsman

Age: 20 (If you are under 18 years of age you must also complete a Parental Permission form)

Affiliation or Company: University of Idaho ASB

Home Address: 225 Peterson Dr, APT 5

City: Moscow State: ID ZIP: 83843

Phone #: (202) 516-3891

E-mail: rgoldsman@gmail.com

Please list any home repair skills: Painting, have experience

Are you interested in receiving information about future volunteer opportunities? Yes: ☒ No: ☐

WAIVER OF LIABILITY

In consideration of the opportunity afforded me to assist on a voluntary basis with Rebuilding Together Pittsburgh, a project 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 hereby waive and release any right, claim or cause of action arising as a result of my participation in said project from which any liability may or could accrue against Rebuilding Together Pittsburgh, or any of their respective officers and directors collectively or individually or any project homeowners. Without limiting the generality of the foregoing, I agree that this waiver and release shall include any rights, claims or causes of action resulting from personal injury to me or damage to my property sustained in connection with any activities in a Rebuilding Together Pittsburgh event or project.

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Signed in Pittsburgh, PA this 2nd day of January, 2015

Signature: Rosemary Goldsman

Print Name: Rosemary Goldsman

REBUILDING TOGETHER PITTSBURGH
VOLUNTEER REGISTRATION

Please Print:

Name: Jay Goodwin

Age: 2019 (If you are under 18 years of age you must also complete a Parental Permission form)

Affiliation or Company: U of I ASB

Home Address: 8160 N Carroll Rd

City: Hayden

State: ID

ZIP: 83835

Phone #: 808-691-6657

E-mail: good8670@vandals.vander.edu

Please list any home repair skills: Painting, I work for a

Cable company?

Are you interested in receiving information about future volunteer opportunities?
Yes: ☐ No: ☒

WAIVER OF LIABILITY

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Signed in Pittsburgh, PA this

2nd

day of

January 2015

Signature:

[Signature]

Print Name:

Jay Goodwin

REBUILDING TOGETHER PITTSBURGH VOLUNTEER REGISTRATION

Please Print:

Name: Stacy Fisenberger

Age: 32 (If you are under 18 years of age you must also complete a Parental Permission form)

Affiliation or Company: W of I ASB

Home Address: 129 W 3rd #204

City: Wexlow State: ID ZIP: 83843

Phone #: (864) 320-0411

E-mail: stacyfisenberger@gmail.com

Please list any home repair skills: Painting, Tile work, Basic Woodworking

Are you interested in receiving information about future volunteer opportunities? Yes: ☒ No: ☐

WAIVER OF LIABILITY

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Signed in Pittsburgh, PA this 2nd day of Jan, 2015

Signature: [Signature]

Print Name: Stacy Fisenberger

REBUILDING TOGETHER PITTSBURGH
VOLUNTEER REGISTRATION

Please Print:

Name:

Camryn Coleman

Age: 20

(If you are under 18 years of age you must also complete a Parental Permission form)

Affiliation or Company:

University of Idaho

Home Address:

2705 South Chestnut Street

City:

Idaho

State:

ZIP:

83686

Phone #:

208 350 0109

E-mail:

ccn8337@iclouds.vidaho.edu

Please list any home repair skills:

Painting, Nail Spacing

Are you interested in receiving information about future volunteer opportunities?

Yes: ☐ No: ☒

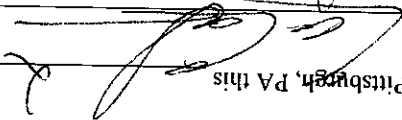
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Signed in Pittsburgh, PA this



Signature:

Print Name:

Camryn Coleman

day of

January, 2015

REBUILDING TOGETHER PITTSBURGH
VOLUNTEER REGISTRATION

Please Print:

Name: Elizabeth Tran

Age: 20 (If you are under 18 years of age you must also complete a Parental Permission form)

Affiliation or Company: University of Idaho

Home Address: 1924 W A Street Apt 311

City: Moscow State: ID ZIP: 83893

Phone #: (208) 262-1257

E-mail: tran1241@gmail.com vandana.widano.edu

Please list any home repair skills: wall painting

Are you interested in receiving information about future volunteer opportunities?
Yes: ☒ No: ☐

WAIVER OF LIABILITY

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Signed in Pittsburgh, PA this 1st day of July, 2015

Signature: Elizabeth Tran

Print Name: Elizabeth Tran

REBUILDING TOGETHER PITTSBURGH VOLUNTEER REGISTRATION

Please Print:

Name: Britaine Brown

Age: 20

(If you are under 18 years of age you must also complete a Parental Permission form)

Affiliation or Company: ASB University of Idaho

Home Address: 424 S. Hansen #2

City: Moscow State: ID ZIP: 83843

Phone #: (208) 691-5577

E-mail: britainebrown@gmail.com

Please list any home repair skills:

Are you interested in receiving information about future volunteer opportunities?
Yes: ☒ No: ☐

WAIVER OF LIABILITY

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Signed in Pittsburgh, PA this

2nd

day of

January, 2015

Signature:

Britaine Brown

Print Name:

Britaine Brown

REBUILDING TOGETHER PITTSBURGH
VOLUNTEER REGISTRATION

Please Print:

Name: Julie Tolftson

Age: 21

(If you are under 18 years of age you must also complete a Parental Permission form)

Affiliation or Company: University of Idaho

Home Address: 23621 71st Dr SE

City: Woodinville State: WA ZIP: 98072

Phone #: (425) 761-4861

E-mail: jtolftson@hotmail.com

Please list any home repair skills: Painting

Are you interested in receiving information about future volunteer opportunities? Yes: ☐ No: ☒

WAIVER OF LIABILITY

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Signed in Pittsburgh, PA this January 2 day of 2015
Signature: Julie Tolftson
Print Name: Julie Tolftson