



**Volunteer Information Form for
volunteers ages 14 to 17**

Rebuilding Together Baltimore
5513 York Road
Baltimore, MD 21212
Phone: 410-889-2710
Fax: 443-586-0785
www.RTBaltimore.org

NAME: _____

COMPANY/VOLUNTEER TEAM (if applicable): _____

ADDRESS: _____ Suite #/Apt. # _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL _____

PHONE (home): _____ PHONE (work or cell): _____

**PLEASE NOTE: BOTH
PAGES 1 AND 2 OF
THIS DOCUMENT
MUST BE COMPLETED.**

1) Please circle any specific skills you have that may be relevant to our program:

- Plumbing * Electrical * Carpentry * Glazing * HVAC * Lead Safety * Computer/Web
Occupational Therapist * Other _____

2) Are you licensed in any of the above skills? If YES, indicate which: _____

3) What type of volunteer activities are you interested in? Circle all that apply:

- Home Repair on Rebuilding Day * Year Round Home Repair * Community Beautification
House Inspections * Home Safety Assessments * Volunteering on a Committee * Office Work
Other: _____

4) How did you hear about Rebuilding Together Baltimore? _____

Rebuilding Together Important Information:

Volunteer Records

Volunteer applications are kept confidential and used for the purposes of Rebuilding Together Only. Personally identifiable information is not sold or shared with others except as may be required by law.

Confidentiality

Volunteers frequently have access to personal information about the homeowners served by Rebuilding Together. Every volunteer, regardless of his or her position, must consider such information strictly confidential.

Drug/Alcohol Use

Volunteers are prohibited from using or being in the possession of illegal drugs or being under the influence of alcohol while servicing in a volunteer capacity.

Diversity

Volunteers are asked to respect the diversity of our clients (homeowners and their families) and other volunteers by refraining from discrimination against anyone based on religion, race, gender, age, ethnicity, country of origin, or sexual orientation. Volunteers are not permitted to engage in the preaching or teaching of any particular religious or personal beliefs.

Sexual Harassment/Misconduct

Under no circumstances does Rebuilding Together tolerate any form of sexual harassment or behavior that creates an intimidating, hostile, or offensive environment.

Safety and Liability

All volunteers are responsible for their own safety. If a safety incident should arise, it should be reported immediately to a Rebuilding Together board or staff member, in accordance with Rebuilding Together's Incident Reporting Procedures.



PARENTAL CONSENT AND RELEASE FROM LIABILITY FOR MINOR
(for volunteers age 14-17 years of age)

1. **Voluntary Participation:** I acknowledge that my child _____ is at least fourteen (14) years of age and has voluntarily applied to assist in Rebuilding Together Baltimore Home Repair Project (“Project”), a project in which volunteers repair the homes of disadvantaged persons. I understand as a volunteer that my child will not be paid for his/her services, that he/she will not be covered by any medical or other insurance coverage provided by Rebuilding Together Baltimore, and that he/she will not be eligible for any Workers Compensation benefits.

2. **Release:** In consideration of the opportunity afforded my child to assist in this Project, I hereby agree that I, my child, my assignees, heirs, guardians, and legal representatives, will not make a claim against Rebuilding Together Baltimore, or any of its affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by the Project, or any of the volunteer workers, for the injury or death of my child or damage to his/her property, however caused, arising from his/her participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to my child, or damage to his/her property, sustained in connection with my participation in the Project. I further consent to the unrestricted use by Rebuilding Together Baltimore, Inc., and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me.

3. _____ Yes, I want to hear about more volunteer opportunities and updates on RTB.
 (check here) Please add my email address to the monthly email newsletter.

All sections below must be completed.

**PLEASE NOTE: BOTH
 PAGES 1 AND 2 OF THIS
 DOCUMENT MUST BE
 COMPLETED.**

SIGNED this _____ day of _____, 20____, in Baltimore, Maryland

House Number: _____ (and/or) Volunteer Team/Group: _____

 Parent/Guardian Signature

 Witness Signature

 Name (Please print)

 Name (Please print)

IN CASE OF EMERGENCY, PLEASE CONTACT ME AT: _____