

SUMMER HOME REPAIR PROGRAM
Volunteer Information & Agreement 2021

*This side to be filled out by all volunteers (*required fields).*



**The Catholic Church
of Preston County**
322 East Main Street
Kingwood WV 26537
(304) 329-1519

*name _____

*address _____

email _____

telephone _____

*group _____ *week _____

parish Church _____ location _____

school (if appropriate) _____ year _____

work (if appropriate) _____

Have you been to the Summer Home Repair Program before? yes no

If yes, when? _____

Any other information we should know or you would like to share with us.

I agree to freely and willingly participate in the Summer Home Repair Program of the Catholic Church of Preston County. I have read and understand the *Volunteer Guidelines* and I agree to abide by these guidelines while I am in Preston County.

I am fully aware that the volunteer experience in Preston County will require me to make personal sacrifices of which I might not be accustomed. I realize that living and working together in community will require me to display patience and respect towards members of the group, other volunteers, the homeowners, and the greater community.

I give consent for the Catholic Church of Preston County to videotape and photograph me during my volunteer week. I understand that these videotapes and photographs might be used for advertising and/or orientation purposes or materials for the Summer Home Repair Program or on the Church website.

I will hold harmless the Catholic Church of Preston County and any of its parishes and missions, Catholic Charities West Virginia and any of its local affiliates, the St. Vincent de Paul Society, the Diocese of Wheeling-Charleston, the Bishop of the Diocese of Wheeling-Charleston, and all staff, members and volunteers of the above groups, from any and all liability or injury associated with the Summer Home Repair Program. I also understand that the Catholic Church of Preston County does not provide medical insurance or coverage to the participants of the Summer Home Repair Program, and that it is the volunteer's responsibility for coverage should any medical situation arise before, during or after his or her stay in Preston County.

*Volunteer signature

*date (mm/dd/yyyy)

*Parent/Guardian signature (if under 18 years old)

*date (mm/dd/yyyy)

