

# 2017 Community Restore Application Student Under 18 years old and completed 7<sup>th</sup> Grade

**2017 Restore Dates:**  
**Sunday, June 25 through**  
**Friday, June 30**

**Fees: \$25**  
**Includes all meals,**  
**t-shirt,**

**All fees are non-**  
**refundable.**

**T-shirts are not**  
**guaranteed for any**  
**participant's**  
**registration after June 1.**

**The**  
**Community**  
**Restore**  
**Project . . .**  
 ...is a not for  
 profit program  
 designed to provide  
 low-income  
 homeowners of  
 Williamson County  
 with no-cost home  
 repairs. Restore is  
 operated as a  
 coalition of area  
 churches, the City  
 of Georgetown,  
 as well as many local  
 businesses and  
 individuals.

Please PRINT all information ...ALL FIELDS must be completed ... If none then print "NONE" or N/A

Student's Name \_\_\_\_\_

Gender \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Student's Home Church/Participating Organization \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

T-Shirt Size (Adult Size) \_\_\_\_\_

Student's Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Work/Cell Phone Numbers \_\_\_\_\_

Secondary Emergency Contact (If Parent/Guardian is not available) \_\_\_\_\_

Relation \_\_\_\_\_ Contact Home/Cell/Work Phone \_\_\_\_\_

Please list your insurance carrier and policy #: \_\_\_\_\_

Please list any allergies  
 or medical conditions

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please list any physical limitations to your ability to work: \_\_\_\_\_

Are you fearful of heights?      Yes                  No  
 (Circle one)

Please list any other construction experience in addition to  
 Restore: \_\_\_\_\_

Continued on back...

<p>Complete this form with your registration fee  <b>BEFORE June 3 and return to your youth minister or</b>  <b>Organization Director.</b>  <b>All fees are non-refundable.</b></p>	<p>Restore Board Use Only          Received: _____          Processed: _____          Payment: _____          Crew: _____</p>
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Organization Director Use Only:  
 Form Completed: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Amt.: \$ \_\_\_\_\_ Rec'd: \_\_\_\_\_

Please PRINT all information ...

Student Name: \_\_\_\_\_

<p>Please rate on a scale of 1 to 10 (10 being highest) the following construction areas in which you have experience:</p> <p> <input type="checkbox"/> Painting                      <input type="checkbox"/> Roofing  <input type="checkbox"/> Siding                            <input type="checkbox"/> Sheet Metal  <input type="checkbox"/> Windows                           <input type="checkbox"/> Ramps  <input type="checkbox"/> Yard cleaning/mowing  <input type="checkbox"/> Other _____       </p>	<p>Please list any special skills you may have that you think would be helpful in this project:</p> <p>Fluent in Spanish    Yes    No</p> <p>Other _____ _____</p>
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**Please indicate your interest in serving in AT LEAST ONE of the following Restore crew positions:**

- Devotion coordinator – coordinate leading daily devotions for the crew
- Ministry/Evangelism Coordinator – helps crew recognize ministry opportunities in neighborhood
- First-Aid Coordinator – carries and administers first-aid kit for the crew
- Safety Inspector – helps crew recognize and correct unsafe working conditions
- Tool Master – responsible for getting and returning borrowed tools and daily tool pick-up
- Break Master – coordinate break supplies and break cleanup

**Student participation is REQUIRED at ALL scheduled events.**

This is to ensure both the student's safety and to coordinate the necessary workers for the completion of all jobs. If students need to be gone at any time for any reason during the week, parents must write on a separate piece of paper the following information for EACH absence:

**Date of Absence Needed:  
Time Away (from) and (to)  
Reason for Absence**

**Parent's Signature for EACH occurrence**

Failure to notify Restore directors of approved absences before the project begins may result in loss of fees and removal from the project. A time-out card will be issued for each absence and must be presented to Crew Chiefs before leaving the worksite.

**To be completed by Parent/Guardian:**

I, \_\_\_\_\_, (Parent / Guardian) the undersigned, give my permission for my son/daughter named above to participate in the Community Restore Project – June 25, 2017 thru June 30, 2017. By signing, I understand that the purpose of this project is to provide manual labor through construction to local homes and because of that, students may be injured or killed as a result of their participation. By signing, I agree to forever release and hold harmless from any and all liability the following: Community Restore Coordinating Board, Community Restore Project leadership (organized or volunteer), participating Churches or organizations and their ministers and/or adult sponsors, the City of Georgetown, project homeowners, or any and all other institutions or individuals directly or indirectly involved in sponsoring the Community Restore Project in the event my child is injured or killed while participating in activities associated with this event; while being transported in any designated vehicle during any time; while using any powered or non-powered tools; while on ladders and/or scaffolding; while working on top of or below project homes; while seeking emergency medical treatment; or while being asked to perform any other reasonable task associated with the Restore Project. I also release the above named entities from liability in the event that any of my student's personal property including, but not limited to tools, equipment, electronics and vehicles, is lost, damaged, stolen or destroyed. Furthermore, I agree to pay all costs associated with my child's participation in the trip including, but not limited to: registration fees, extra meals, snacks, emergency room visits, and medical expenses. I give permission for adult Restore leadership to seek emergency medical treatment on my child's behalf if I am not able to be reached in the event of my child's injury. By signing below, I also give permission for the Community Restore Project to film and photograph my child and to use said images, with or without editing, in any publicity and or advertising related to this event without my pre-approval, consent, knowledge, or notification. Lastly, my child agrees to abide by all rules and regulations as outlined by the Coordinating Board of the Community Restore Project and designated adult Crew Chiefs. I understand that if my child fails to cooperate and abide with the rules of this event, it is the privilege of the Coordinating Board to deal with such infractions, and if necessary, immediately discharge and transport the above named student home at my expense.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**To be completed by Student:**

As a participant in the 2017 Community Restore Project, I agree to conduct myself properly and abide by all rules and regulations as set forth by the Coordinating Board of the Community Restore Project. I understand that any removal of privileges by Crew Chiefs may result in the removal of all privileges for the remainder of the week with no refund of money. I also understand and agree to notify my parents or legal guardian at the time of any infraction that causes the loss of privileges and/or my dismissal from the Community Restore Project and my subsequent transportation home at the expense of my parent/guardian. I also understand that I will not be allowed to leave without the approval of the Coordinating Board of the Community Restore Project and that my attendance both during the day and for all worship services is required.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date