



Volunteer Information for



Community Housing Solutions Project

The Saint James team will be working on the home of Lenora Greer Mason – a 70-year-old who lives alone and is disabled.

Her address is 3802 Mosby Drive Greensboro, NC 27407

Work time is 8:30am to 3:30pm.

Your team will be:

- Repairing her back deck as it is unsafe in its current condition for her to use.
- Helping with door repairs.
- Doing some yard work.

We recommend volunteers bring the following (see attached Volunteer Guidelines):

- work gloves
- eye protection
- sunscreen
- water/snacks/lunch (often a team member or another volunteer will organize lunch on the jobsite for the group)
- completed and signed CHS Volunteer Waiver

Kyle Glasgow will be the CHS Construction Leader for this project. Kyle will have all materials, tools, etc for this project. He will lead your team and provide all the training and knowledge needed to complete the repairs.

For questions, please contact Elder Bob Powell @ 336-772-5109.

Please RSVP to the church office at 336-273-6658 or send an email to office@stjamespresby.org



Volunteer Guidelines

- Volunteers must be 14+ years old
- Volunteers must be 18+ years old to operate power tools.
- Volunteers must wear closed-toe shoes.
- Volunteers are encouraged to bring:
 - ✓ work gloves
 - ✓ eye protection
 - ✓ sunscreen
 - ✓ water/snacks/lunch
 - ✓ completed and signed Volunteer Waiver
- CHS will assign your project 1-2 weeks before your volunteer date. This allows us to match the project to the size and skill level of your team. It also allows us to help neighbors with emergent needs that may arise.
- A CHS Construction Leader will be onsite for your project. He will have all materials, supplies and knowledge needed to guide your team through the project.



Community Housing Solutions Waiver and Release of Liability

The volunteer named below ("Volunteer") desires to volunteer for Community Housing Solutions of Guilford, Inc., a North Carolina nonprofit corporation ("CHS") and engage in the activities related to being a volunteer. The Volunteer understands that the activities may include, but is not limited to, constructing and rehabilitating residential buildings, working in the CHS offices, and living in the housing provided for volunteers of CHS (the "Activities").

The Volunteer confirms they are at least 18 years old and voluntarily engaging in these activities and is not an employee of CHS.

Release and Waiver. Volunteer, for myself and anyone entitled to act on my behalf, does hereby release and forever discharge and hold harmless CHS, its directors, officers, employees, agents and its successors and assigns (collectively "CHS Parties") from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with CHS. This release includes, but is not limited to claims arising under federal, state, local laws or local ordinances, including workers' compensation claims.

Volunteer understands that this release discharges CHS Parties from any liability or claim that the Volunteer may have against CHS Parties with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with CHS, including COVID-19 as described in more detail below, whether caused by the negligence of any CHS Parties or otherwise. Volunteer also understands that CHS Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but limited to medical, health, or disability insurance in the event of injury or illness.

Volunteer further agrees, despite this release, if I or anyone on my behalf makes a claim against CHS Parties, I will indemnify, save and hold harmless CHS Parties from any litigation expenses, attorney fees, loss, liability, damage or cost any may incur as a result of such claim.

COVID-19. CHS has put in place preventative measures to reduce the spread of COVID-19; however, CHS cannot guarantee that Volunteer will not become infected with COVID-19. Further, attending CHS Activities could increase Volunteer's risk of contracting COVID-19.

By signing this agreement, Volunteer acknowledges the contagious nature of COVID-19 and voluntarily assumes the risk I may be exposed to or infected by COVID-19 by attending CHS Activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. Volunteer also agrees to comply with all federal, state and local mandates, as well as any policies of CHS, relating to social distancing, hygiene, cleaning and disinfection and any required health screenings. Volunteer agrees to stay home if I have been exposed to COVID-19 in the past 14 days, am not feeling well or am displaying any symptoms of COVID-19. Volunteer also agrees to immediately notify CHS if I experience any of the foregoing while attending CHS Activities. Volunteer understands that the risk of becoming exposed to or infected by COVID-19 during CHS Activities may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CHS Parties, volunteers, homeowners, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with CHS Activities. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless CHS Parties, of and from all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of CHS Parties, volunteers, homeowners, and program participants and their families, whether a COVID-19 infection occurs before, during, or after participation in any CHS Activities.

Medical Treatment. Volunteer does hereby release and forever discharge CHS Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with CHS.

Assumption of Risk. The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Volunteer hereby expressly assumes the risk of injury or harm in the Activities and release CHS Parties from all liability for injury, illness, death, or property damage resulting from the Activities. Volunteer understands they should not participate in the Activities unless they are physically and medically able.

Insurance. The Volunteer understands that CHS is not required to carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each Volunteer is encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release. Volunteer does hereby grant and convey unto CHS all right, title, and interest in any and all photographic images and video or audio recordings made by CHS during the Volunteer's Activities with CHS, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable.

PLEASE PRINT ALL INFORMATION CLEARLY:

Name: _____ **Date of Birth:** ____ / ____ / ____

Mailing Address: _____

Email Address: _____

Telephone: home: _____ work: _____ mobile: _____

Emergency Contact: Name: _____ Telephone: _____ Relationship: _____

I have read this release. I understand and consent to its terms, and I voluntarily sign this release of my own free act and will.

Date

Volunteer Signature

***If volunteering as part of a group, please indicate group name:** _____

***Project Address:** _____

How did you hear about CHS and what interests you in our work?

Is this your first time volunteering for CHS? Y/N

Email opt out? []