



# Home Works

Adult "Blitz" Registration Packet  
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This registration packet should be used if you will be **18 years old or older** as of the start of the session you will be attending.

The deadline for registration is **2 weeks prior to the start of the session** you want to attend. Each session is filled on a first-come, first-serve basis. As a result registration may close prior to the registration deadline.

## INSTRUCTIONS

1. Print out the forms following four pages. These forms include:
  - ◆ Registration Form
  - ◆ Release of Liability Form
  - ◆ Child Abuse and Sexual Abuse Affidavit
2. Complete each form.
3. Mail all forms with your participant fee (make checks payable to Home Works or you may pay online) to the city in which you want to participate:
  - ◆ \$15 for a one-day blitz

If the first choice session is full, you will be contacted to confirm your second choice. Your participation fee is fully refundable if your session is full and there are no other sessions that fit your schedule or your needs.

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### **Aiken, SC**

Jeff Bair  
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Aiken, SC 29803  
(w) 803-502-9742  
[jjbhome@gforcecable.com](mailto:jjbhome@gforcecable.com)

### **Charleston, SC**

Marie Donnelly  
Cathedral of St. John the Baptist  
120 Broad St.  
Charleston, SC 29401  
(w) 843-412-4868

### **Greenville, SC**

Randy Etzkorn  
9 Heathfield Ct.  
Simpsonville, SC 29681  
864-248-4735  
Email: [retzkorn@onealinc.com](mailto:retzkorn@onealinc.com)

### **Augusta, GA**

*(Middle School Sessions)*  
Abi White Moon  
c/o Church of the Good Shepherd  
2230 Walton Way  
Augusta, GA 30904  
706-738-3386  
Email: [youth@goodshepherd-augusta.org](mailto:youth@goodshepherd-augusta.org)

### **Columbia, SC**

(and all other areas not indicated)  
Hank Chardos, Executive Director  
Home Works  
PO Box 102  
Irmo, SC 29063  
(w) 803-781-4536  
(c) 803-206-6974  
Email: [homewrksc@aol.com](mailto:homewrksc@aol.com)

### **Valle Crucis, NC**

Rev. James Lyon IV  
Church of the Good Shepherd  
1512 Blanding Street  
Columbia, SC 29201

### **Camden, SC**

Marie Sheheen  
Kershaw County United Way  
PO Box 737  
Camden, SC 29021  
(w) 803-432-0951  
Email: [mariesheheen@hotmail.com](mailto:mariesheheen@hotmail.com)

### **Fayetteville, NC**

Vince Mescall  
c/o Saint Patrick Catholic Church  
2844 Village Dr.  
Fayetteville, NC 28304-3813  
(w) 910-323-2410 x108  
(m) 910-583-5083  
Email: [mesc8776@msn.com](mailto:mesc8776@msn.com)

### **Myrtle Beach, SC**

Kevin Vahey  
Coastal Team Chapter  
PO Box 15025  
Surfside Beach, SC 29587  
Email:  
[coastal.sc@homeworksusa.net](mailto:coastal.sc@homeworksusa.net)

### **Fort Mill, SC**

Craig Brown  
St. Philip Neri Catholic Church  
292 Munn Rd.  
Fort Mill, SC 29715  
(w) 803-548-7282

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**Adult Work Session Registration Form**

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Group name (Church, Organization, Company): \_\_\_\_\_

Selection is on a *first-come, first-serve basis* and in the event that a Work Session has been filled to maximum capacity, please indicate two Work Sessions. If your first choice has been taken, you will be contacted to verify the second choice fits your schedule and needs.

**Choose one type of Work Session:**

One-Day Blitz

**Indicate both the Work Session location and date(s):**

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

**For each skill, indicate your skill level (None, Beginner, Intermediate, Expert):**

Painting	Roofing	Plumbing
Electrical	Carpentry	Masonry
HVAC	Other:	

**Choose the adult *role* you prefer to fulfill during the Work Session:**

€ Participate with no additional responsibilities	€ Lead teens with predetermined tasks
€ Lead opening or closing predetermined prayer	€ Distribute snacks and drinks to volunteers
€ Interact with the homeowners during the day(s)	€ Teach/lead construction skills
€ Perform specialty licensed trade skills	€ Co-Head Site Leader
€ Head Site Leader	€ Other: _____

One Home Works **T-shirt** is included for each registered weeklong Work Session, each additional T-shirt requested is \$11. Choose your adult size, 100% preshrunk cotton, T-shirt (Note: we cannot guarantee your size request).      €S    €M    €L    €XL

The Work Session **fee** is \$15 for a One-Day Blitz. Make checks payable to Home Works or go to [www.HomeWorksOfAmerica.org](http://www.HomeWorksOfAmerica.org) to make a secure online payment.

**ADULT VOLUNTEER RELEASE OF LIABILITY**

I, (Print Name) \_\_\_\_\_ request to participate in the Home Works program to be held: (Date) \_\_\_\_\_ in (Place) \_\_\_\_\_.

I give Home Works permission to take of my person during the session and use the pictures for the betterment of the Home Works program. I give Home Works permission to utilize my statements both oral and written for the betterment of the Home Works program.

In the event of an emergency or the need for medical assistance, I authorize the adult in charge to seek such assistance and/or treatment. If such an incident should occur, I do hereby release Home Work of America, Inc., and all of its supporting churches, organizations and agencies, and all of its directors, officers, agents, staff, the organizers, chaperons, and other adults responsible for running this program from any and all liability for any and all damages or injuries that may result to my person or property as a result of my role as a volunteer.

Adult Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency contact information:**

Name (Print): \_\_\_\_\_ Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Policy Number: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Please list all medications being taken, current physician's name and phone number:

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I am allergic to: \_\_\_\_\_

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**Child Abuse and Sexual Abuse Affidavit**

It is the policy of the Home Works Program to require a signed affidavit, from all adults, chaperons, and site leaders, testifying that they have never been charged with nor convicted of a child abuse or a sexual abuse.

I, (Print Name) \_\_\_\_\_ chaperone/site leader for Home Works have never been the subject of an investigation involving an allegation of child abuse or sexual abuse and have never been convicted of child abuse or sexual abuse.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_