



Home Works

Adult Registration

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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
- Volunteer Pledge
- Background check and drivers record check release form

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:

- \$150 for a week-long session
- \$40 for the Augusta, GA session

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.

Aiken, SC

Jeff Bair
123 Sugar Maple Circle
Aiken, SC 29803
(w) 803-502-9742
jjbhome@gforcecable.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)

Camden, SC

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

Charleston, Columbia, Johns Island, SC, Covington, LA and Zorritos, Peru

Hank Chardos, Executive Director
Home Works
PO Box 102
Irmo, SC 29063
(w) 803-781-4536
(c) 803-206-6974
h.chardos@homeworks.usa.net

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)

Greenville, SC

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

Valle Crucis, NC

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

Myrtle Beach, SC

Kevin Vahey
PO Box 15025
Surfside Beach, SC 29587
Email:
coastal.sc@homeworksusa.net

Fort Mill, SC

Craig Brown
St. Philip Neri Catholic Church
292 Munn Rd, Ft Mill, SC 29715
(803)-548-7282
brownym2004@yahoo.com

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 a second choice 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:

Multi-Day Session

Week-long Session

Peru Mission Trip

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

1st Choice _____

2nd 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 \$25 for a One-Day Blitz, \$150 for a Week-long Session. Those desiring to go on the Peru Mission Trip, please contact Hank Chardos at H.Chardos@HomeWorksUSA.net or (803)781-4536. Make checks payable to Home Works or go to 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: (Dates and Location) _____ .

I give Home Works express permission to take photographs of me 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, 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:

I am allergic to: _____

Date:

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 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: _____

VOLUNTEER PLEDGE

Non-Negotiables

1. I will not bring or use alcohol, illegal drugs or tobacco products of any kind. If I am an adult, I can possess tobacco products but will not use them in the presence of youth.
2. I will respect the property, needs and integrity of others; personally, sexually and racially.
3. I will not bring or use firearms, explosives, weapons or fireworks.
4. I will not misuse or willfully damage the property of others or the facility or grounds of the host site.

Expectations

1. I will be present for the entire session and participate fully in all scheduled activities including community chores.
2. I will not leave the host site or prescribed boundaries without the permission of the session coordinator or the session coordinator's designee.
3. I will respect and abide by the schedule and expectations regarding curfew, quiet times, sleeping areas and equipment use.
4. If I am under 21 years of age, upon arriving, my vehicle will be locked and parked in a designated area for the entirety of the session.
5. I will not use electronic equipment at the work site, including cell phones, pagers, personal stereos, etc., unless permission is provided by the session coordinator or the site leader.
6. I will bring an openness to grow in faith, meet new people and have fun.

I understand that the above agreements are designed to make this the best and safest event possible. I promise to adhere to these non-negotiable regulations and expectations while I am a participant at the session. I understand that if I choose to break the non-negotiables at any time during the session I will be removed from the community. If I am a youth, my parents will be called and I will be sent home at my own expense. If I choose to break expectations of the session, the session coordinator will determine appropriate consequences.

Volunteer (print): _____ (signature) _____ Date: _____

If Volunteer is a Youth, parent's or guardian's signature required.

Parent/Guardian (print) _____ (signature) _____ Date: _____

Phone number (include area code) _____

Background Check and Driver's Record Check

CONSUMER AUTHORIZATION

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, to the individuals named in these reports. If information contained in this report is responsible for the suspension or

XI. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I understand that General Information Services, Inc., on behalf of HOME WORKS OF AMERICA (HOME WORKS) may be requesting information from public and private sources about any of the information noted earlier in this paragraph in connection with HOME WORKS' consideration of me for volunteer employment, employment, promotion or position re-assignment or contract now, or at any time during my tenure with HOME WORKS, and give my full consent for this information to be obtained.

IX. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

VII. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

V. I understand that if I am a resident of **Minnesota/Oklahoma (only)** I may obtain a copy of the report ordered, and now indicate my desire to do so by checking this box LI.

III. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by General Information Services, Inc. to furnish the information described in Section I.

I. Communications with General Information Services, Inc. should be directed to PO Box 353, Chapin SC 29036 or (877) 590-4012.

CANDIDATE COMPLETE THE FOLLOWING:

Signature	Today's Date
Please print full name	
The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.	
Month, Day and Year of Birth	Social Security Number
Home Address	City State Zip County
Driver's License Number and State	Name as it appears on License
Have you ever been convicted of a crime? ____ No ____ Yes	If yes, please provide city and state of conviction and details of conviction.