



# Home Works

Adult 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
  - ◆ 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.

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<p><b>Aiken, SC</b>            Jeff Bair            123 Sugar Maple Circle            Aiken, SC 29803            (w) 803-502-9742  <a href="mailto:jjbhome@gforcecable.com">jjbhome@gforcecable.com</a></p>	<p><b>Charleston, SC</b>            Marie Donnelly            Cathedral of St. John the Baptist            120 Broad St.            Charleston, SC 29401            (w) 843-412-4868</p>	<p><b>Greenville, SC</b>            Randy Etkorn            9 Heathfield Ct.            Simpsonville, SC 29681            864-248-4735            Email: <a href="mailto:retzkorn@onealinc.com">retzkorn@onealinc.com</a></p>
<p><b>Augusta, GA</b>  <i>(Middle School Sessions)</i>            Abi White Moon            c/o Church of the Good Shepherd            2230 Walton Way            Augusta, GA 30904            706-738-3386            Email: <a href="mailto:youth@goodshepherd-augusta.org">youth@goodshepherd-augusta.org</a></p>	<p><b>Columbia, SC</b>            (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: <a href="mailto:homeworksc@aol.com">homeworksc@aol.com</a></p>	<p><b>Valle Crucis, NC</b>            Rev. James Lyon IV            Church of the Good Shepherd            1512 Blanding Street            Columbia, SC 29201</p>
<p><b>Camden, SC</b>            Marie Sheheen            Kershaw County United Way            PO Box 737            Camden, SC 29021            (w) 803-432-0951            Email: <a href="mailto:mariesheheen@hotmail.com">mariesheheen@hotmail.com</a></p>	<p><b>Fayetteville, NC</b>            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: <a href="mailto:mesc8776@msn.com">mesc8776@msn.com</a></p>	<p><b>Myrtle Beach, SC</b>            Kevin Vahey            Coastal Team Chapter            PO Box 15025            Surfside Beach, SC 29587            Email:  <a href="mailto:coastal.sc@homeworksusa.net">coastal.sc@homeworksusa.net</a></p>
		<p><b>Fort Mill, SC</b>            Craig Brown            St. Philip Neri Catholic Church            292 Munn Rd.            Fort Mill, SC 29715            (w) 803-548-7282</p>

**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:**

Multi-Day Session

Week-long Session

€ Peru Mission Trip

**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, \$150 for a Week-long Session and for the Peru Mission Trip fee, please contact Hank Chardos at [H.Chardos@HomeWorksUSA.net](mailto:H.Chardos@HomeWorksUSA.net) or 803/781-4536. 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: \_\_\_\_\_

**Background Check and Driver's Record Check**

**CONSUMER AUTHORIZATION**

I. 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.

II. 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.

III. 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.

IV. 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 .

V. 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.

VI. 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.	

**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 termination of an employee or the application process, have the Candidate/employee contact General Information Services, Inc.