

Non-refundable fee must be turned in with completed participant forms. Deadline for participant forms and **\$40 fee May 1*** (After May 1st the fee is \$50 and no guarantee on a tee shirt)

Opening Night: Thursday
Work Days: Friday - Saturday



Please return completed application and fee to an ER Ministries team member or mail to:

**ER Ministries
Volunteer Application
300 Smith Grove Rd
Burkesville, KY 42717**

ER Ministries is not for profit. Volunteers participating in ER Ministries will be expected to participate in specific construction activities including, but not limited to demolition, roofing, carpentry, digging, plumbing, glasswork, painting, flooring, masonry, and other facets of construction. These activities may include but not limited to, the use of power tools such as saws and drills, as well as the use of hand tools. The activities may also require climbing with and without supplies, tools and materials as well as working in high places such as roofs and other facets of construction work. Participants will also be involved in food preparation and service.

In their free time, volunteers may choose to engage in activities including, but not limited to sports, hiking, or other activities of their choosing. ER Ministries may sponsor some recreational activities, which may include but are not limited to basketball, volleyball, baseball, football, and Frisbee.

Volunteers are not required to engage in any activity in which they feel they are not able to safely participate.

I, _____, have read the foregoing statement of activities in which I will participate, and hereby release and discharge ER Ministries, and its directors and all persons connected to therewith from any and all liability, claims and causes are actions of any types whatsoever arising out of or in any way connected with my participation in the activities of ER Ministries from Thursday night through Saturday.

This is the _____ day of _____, 20____. I can participate (please check): Thursday Night Friday Saturday

Medical Conditions and Consent to Treat: Do you have any medical conditions that will limit you on an ER Ministries worksite? _____

I hereby give permission to the physician selected by ER Ministries Directors to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for myself: Please sign here: _____

Insurance Consent: I will provide my own insurance and pay for any costs related to any medical treatment if needed during this time. Please INITIAL HERE: _____

Media Consent: I understand that my execution of this authorization serves as a waiver of my privacy rights for the use of any media form at the discretion of ER Ministries. Please INITIAL HERE: _____

Participant Signature _____

Parent Signature if under age 18 is required _____ Age _____ Grade Completed _____

Email _____ Cell Phone No _____ (for texting and notifications)

T-Shirt Size _____ (adult or youth size - circle one) Church Name _____

Please list any skills you have _____

**If this is your FIRST YEAR of volunteering for ER Ministries and you are over 18 years old, you MUST FILL OUT a background check form. There is an additional \$10 FEE IN ADDITION TO the ordinary fees to cover this check.*

Office Use Only:

Y or N (need overnight lodging) Y or N (Deposit Paid – Check No. _____ Follow-up information date sent _____)