



July 17 - 22, 2011  
**OUR TWENTY-EIGHTH YEAR**

*Home repair and assistance  
 for the needy  
 by volunteers of all ages.*



*Our efforts are dedicated to the glory of God and in loving memory of our dear friends who gave of themselves to help others (and who now rest in the Lord).*

Tom Beam 1924 - 1999	John Henkel 1920 - 1997
Kathryn Henkel 1921 - 2001	Lanny McCullough 1939 - 1986
Vinnie Roller, Sr. 1913 - 2010	Jane Sheats 1916 - 2007
Tom Sheats 1913 - 1987	Audrey Waltrup 1939 - 2001
Bob Williams 1926 - 2002	

**REGISTRATION FORM**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_  
 Email \_\_\_\_\_  
 My skills include \_\_\_\_\_  
 \*\*\*\*\*

**MEDICAL INFORMATION**

Medication now taking \_\_\_\_\_  
 I'm allergic to \_\_\_\_\_  
 Name and phone no. of doctor \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY INFORMATION**

Person for us to contact: \_\_\_\_\_  
 Name \_\_\_\_\_  
 Relation to you \_\_\_\_\_  
 Phone (day) ( ) \_\_\_\_\_  
 (night) ( ) \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Health Ins. Carrier \_\_\_\_\_  
 \_\_\_\_\_  
 Your Account No. \_\_\_\_\_  
 \_\_\_\_\_  
 Carrier's Phone No. ( ) \_\_\_\_\_

**PARTICIPANT LIABILITY RELEASE FORM**

I/We understand that, as a volunteer with the Baltimore County Christian Workcamp (BCCW), July 17-22, 2011, the work performed entails a risk of physical injury or illness, and may involve physical labor, heavy lifting and other strenuous activity; and that some activities may take place on ladders, the roofs of buildings and other locations not at ground level. I/We certify that the volunteer is in good health and physically able to perform this type of work.

I/We understand that the volunteer is participating in the BCCW at his/her own risk. While participating in the BCCW, I/we assume all risk and responsibility for any damage or injury to the volunteer's property or any personal injury which the volunteer may sustain and the related medical costs and expenses.

I/We also agree to hold harmless and indemnify the BCCW, together with its officers, agents, servants and employees, for any liability sustained by the BCCW as the result of the volunteer's negligent, willful or intentional acts, including expenses incurred attendant thereto. Further, I/we provide full authorization and permission to the BCCW to furnish any necessary transportation and food for the volunteer.

By my signature, for myself, my estate and my heirs, I/we release, discharge, indemnify and forever hold the Baltimore County Christian Workcamp, together with its officers, agents servants and employees, harmless from any and all causes of action which may be caused by their negligence.

**IF VOLUNTEER IS UNDER 21, THIS FORM ALSO MUST BE SIGNED BY A PARENT OR GUARDIAN**      Date \_\_\_\_\_

Printed Name of Volunteer \_\_\_\_\_ Signature of Volunteer \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_  
*(if volunteer is under 21, this form also must be signed by a parent or guardian)*

Volunteer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_