

**2011 COAP VOLUNTEER INFORMATION AND CONSENT FORM**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Work Camp Dates: \_\_\_\_\_

In Case of Emergency, Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies, Health Problem, or Concerns: \_\_\_\_\_

Any Medications You Cannot Take: \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Policy#: \_\_\_\_\_ Identification: \_\_\_\_\_

Volunteers participating with COAP, Inc. will be involved in home repair and related construction activities. They may also participate in free time activities such as hiking, swimming, volleyball, basketball, and other sports. Planned evening activities may include visits to places or regional interests. Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate.

The foregoing statement of activities has been read and understood. COAP, Inc., its agents, employees, and all persons connected therewith are hereby discharged from any and all liability, claims, and cause of action arising out of participating with COAP, Inc.

Further consent is given to be treated by competent medical personnel as a result of any accident or medical emergency while involved in the activities of COAP, Inc.

This is the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature (Participant)-----I certify that I am 18 years of age or older.

\_\_\_\_\_  
Signature (Parent of or Legal Guardian of minor participants.)