



**A Service Program of the
Coffeyville Area Chamber of Commerce
Housing Committee**

807 Walnut, P.O. Box 457, Coffeyville, KS 67337
Office: (620) 251-2550 Fax: (620) 251-5448
www.coffeyvillechamber.org

ADULT VOLUNTEER FORM

Please Print

Name: _____ Organization: _____

Address: _____ City _____ Zip _____

Phone:
Home _____ Work _____ Cell _____

Email: _____

I can help: _____ During the Event (or) _____ Other than During the Event

Unskilled Labor:

_____ I am willing and able to work but have no specific skills.

_____ I am willing and able to work and can do _____

Skilled Labor

_____ Carpentry _____ Electrical _____ Yard Work _____ Other

_____ Heating/AC _____ Plumbing _____ Roofing _____ Painting

_____ Masonry

Other

_____ I would like to volunteer my time to help before the event

Donations

_____ I would like to make a cash donation. Enclosed is a check for \$_____.
(Make checks payable to Coffeyville Area Chamber of Commerce)

_____ I would like to contribute _____.

Supplies Needed:

_____ Caulking _____ Electrical Materials _____ Other
_____ Floor Tiles _____ Ceiling Tiles _____ Lumber
_____ Drop Cloths _____ Cleaning Supplies _____ Trash Bags
_____ Paint Brushes, Rollers & Pans _____ Exterior Paint (latex)
_____ Plumbing Materials

In consideration of the opportunity afforded me to assist on a voluntary basis in the Coffeyville Makeover home repair project, a project in which the homes will be repaired by volunteers, and in light of the aims and purposes of the community service provided by Coffeyville Area Chamber of Commerce in organizing this project, I waive any right or cause of action arising as a result of my participation in said project from which any liability may or could occur against Coffeyville Area Chamber of Commerce or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damages to my property sustained in connection with my activities from the Coffeyville Makeover project. I give permission to be photographed and allow those images to be used for media promotions for this program.

Please Print

Date _____ Volunteer _____

Signature of Volunteer _____

In case of emergency please contact: _____

Phone _____ Relationship _____

Please make copies of this form and waiver form and mail to the above address before April 1, 2010. We must have these forms from you to help us on during April 17 – May 8, 2010 . Thank you for your cooperation.