



**LEND A HAND: a mission of the  
Presbytery of Carlisle**

3040 Market Street  
Camp Hill, Pa. 17011  
731-8888  
877-211-0700

**INDIVIDUAL APPLICATION FORM**

**Applying for trip scheduled** \_\_\_\_\_  
Month year

\_\_\_\_\_  
Name Home phone Cell Phone  
\_\_\_\_\_  
Street address M F / /  
gender (circle) Age birth day  
\_\_\_\_\_  
City E-mail address  
\_\_\_\_\_  
State Zip Code Last 4 digits of Social Security number  
//

**Church affiliation**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street City State zip Code  
//

**Emergency Contact Information**

\_\_\_\_\_  
Name Relationship to you ( ) Phone number  
//

**Medical directive and authorization**

I, the undersigned, hereby consent for qualified physicians or emergency medical personnel to perform any surgical or medical procedure or treatment deemed advisable for my health, safety or welfare during the period of \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_  
Month-day Year  
\_\_\_\_\_, \_\_\_\_\_  
Month-day Year

\_\_\_\_\_  
Medical Insurance Company

\_\_\_\_\_  
Policy number Identification number

\_\_\_\_\_  
Medicare supplemental insurance company, if applicable

\_\_\_\_\_  
Policy number Identification number

**PLEASE PHOTOCOPY THE FRONT AND BACK OF YOUR INSURANCE CARD AND ATTACH TO APPLICATION**

\_\_\_\_\_  
Primary care physician ( ) phone number

\_\_\_\_\_  
Date of Last tetanus shot

\_\_\_\_\_  
Medications, food allergies, or other medical conditions we should know about

//  
**YOU MUST COMPLETE AND SIGN THE REVERSE SIDE.....**

## RELEASE AND WAIVER OF LIABILITY

**PLEASE READ AND SIGN, as this constitutes the agreement as a volunteer with LEND A HAND, the Presbytery of Carlisle, the Presbyterian Church (USA), any commercial bus company engaged to provide transportation, the drivers, officers, agents or volunteers associated with the above listed entities.**

**RELEASE** In consideration of the opportunity to participate in the LEND A HAND program, I do hereby release and hold harmless by me, my heirs, successors, guardians or legal representative all individuals and entities mentioned above and all program leaders and assistants, collectively or individually, from any and all claims of any nature whatsoever sustained by any activity of mine, directly or indirectly, while occurring during the period of such program.

- I fully understand and assume the risks
- I am not to accept any form of reimbursement for my labors
- No smoking is permitted on board the bus or in the vans
- If for any reason I must cancel the trip, the deposit may not be fully refunded.
- If LEND A HAND must cancel the trip, every effort will be made to reschedule the trip. The deposit will be refunded if re-scheduling is not possible.
- I know that I will travel to and live in a disaster area.
- I know that travel is dangerous. I may be involved in an accident or other incident
- I may have to work in inclement weather. I may live in modest but safe housing.
- I know that every effort will be made to provide clean air to breathe, clean water to drink, and safe food to eat.
- Buildings or construction materials may fall on me or collapse under me.
- I may have to work with dangerous tools or in dangerous places
- My personal property may be damaged or stolen
- I shall not sue or pursue legal remedies from the above-listed entities or individuals should something happen
- I INTEND THIS TO BE A LEGALLY BINDING AGREEMENT

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signature

-----  
Date

Please attach the appropriate FULL PAYMENT for the requested trip. Please attach the copy of your Medical Plan's ID card.

Make checks payable to Lend A Hand, and in the lower left area, notate the date of the requested trip.

Your full deposit is deductible as a charitable donation on your tax forms

**Lend A Hand: A mission of the Presbytery of Carlisle**  
**Skills Inventory**  
**Volunteer Information**

|                            |                       |
|----------------------------|-----------------------|
| Name (Last, First, Middle) | Date of Trip          |
| Street Address             | City, State, Zip Code |
| E-mail Address             | Sponsoring Group      |

**Area of Skill Codes**

**Circle One**

*0 = Unwilling to do this type of work; 1 = Willing to learn this skill;  
2 = Limited skill, but will work with supervision; 3 = Can do this work without supervision;  
4 = Can supervise and teach others*

|   |            |
|---|------------|
| Cement: Pour and finish concrete:                           | 0 1 2 3 4  |
| Masonry: Lay brick & block                                  | 0 1 2 3 4  |
| Framing: Construct interior & exterior walls                | 0 1 2 3 4  |
| Drywall: Hang drywall                                       | 0 1 2 3 4  |
| Drywall: Finish drywall                                     | 0 1 2 3 4  |
| Finishing: Taping, Skim coating and finishing               | 0 1 2 3 4  |
| Finish Carpentry: Install interior trim & cabinets          | 0 1 2 3 4  |
| Painting: Paint & stain wood and wall surfaces              | 0 1 2 3 4: |
| Roofing: Remove & install shingles or metal roofing         | 0 1 2 3 4  |
| Plumbing Rough: Install PVC and copper pipe                 | 0 1 2 3 4  |
| Plumbing Finish: Install bath and kitchen fixtures          | 0 1 2 3 4  |
| Electrical Rough: Install main circuits and interior wiring | 0 1 2 3 4  |
| Electrical Finish: Install fixtures and devices             | 0 1 2 3 4  |
| Interior Flooring: Lay carpet and tile flooring             | 0 1 2 3 4  |
| Tree Removal: Capable of climbing and cutting trees         | 0 1 2 3 4  |