



**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Cell- \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Email: \_\_\_\_\_

**SKILLS/SERVICES INFORMATION**

\_\_\_\_ I am currently serving at NPCC in \_\_\_\_\_ (ministries)

I AM WILLING TO SERVE IN THE NAILBENDER MINISTRY IN THE FOLLOWING CAPACITY:

- \_\_\_\_ Weekdays (Monday-Friday)
- \_\_\_\_ Saturdays
- \_\_\_\_ HOSPITALITY – (coffee, meals, fellowship on project days)
- \_\_\_\_ “HANDS ON” PROJECT HELP (no experience necessary)

SPECIALIZED SKILLS / SERVICES (Do It Yourself-er)

- |   |                             |
|---|-----------------------------|
| ____ Plumbing                             | ____ Carpentry              |
| ____ Electrical                           | ____ Landscaping            |
| ____ Roofing                              | ____ Painting               |
| ____ Pick-Up/Delivery (own truck/trailer) | ____ Drywall/Plaster/Stucco |
| ____ Heating/Air Conditioning             | ____ Flooring               |
| ____ Other (please explain) _____         |                             |

INDUSTRY PROFESSIONAL?      \_\_\_\_ YES      \_\_\_\_ NO

IF YES, COMPANY NAME \_\_\_\_\_



## INDIVIDUAL VOLUNTEER WAIVER AND RELEASE OF LIABILITY

**WAIVER AND RELEASE OF LIABILITY** for accidents/injuries: I understand that participating in Northpointe/Nailbenders projects as a volunteer is at my own risk. Northpointe/Nailbenders shall not be held liable for any claims of injuries or damages whatsoever to any person or property arising out of, or connected with, my actions as a volunteer. I understand that there are certain risks; whether known or unknown at this time, and that this project may involve construction activity. I agree to release and hold harmless Northpointe/Nailbenders including its directors, administration, board, and any other agents from any claims that may be incurred during participation in the projects.

**PHOTO RELEASE** hereby granting permission for Northpointe/Nailbenders to use my pictures in, but not limited to, letters, publications, video or web site use:

**MEDICAL RELEASE AND CARE** in the event of an accident or illness which requires emergency care, I hereby give permission to Northpointe/Nailbenders to act as necessary to seek medical treatment by qualified personnel on my behalf. I further grant permission to the attending health care provider to administer such medical care as may be necessary for my health and safety.

Emergency Contact:

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

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

Please indicate any special needs, medications, or allergies that should be taken into consideration:

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Signature:

Parent or Guardian Signature (if minor):

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