

**VOLUNTEER PROGRAM RULES**  
**for the**  
**BUNK HOUSE and COMMUNITY CENTER**  
**Or HURLEY HIGH SCHOOL**

- 1) NO ALCOHOL or DRUGS allowed.
- 2) NO Romantic Involvement.
- 3) Use the buddy system. DO NOT go anywhere without a buddy. DO NOT leave the Community Center or High School, Job Site, or Activity Area without your buddy, and permission of a staff member.
- 4) The Crew Hall is OFF LIMITS to anyone not with the volunteer group. Community Members may enter the Crew Hall to work and clean, but must be accompanied by a volunteer.
- 5) The Crew Hall is divided into Male and Female sides. Men sleep on one side, women on the other.
- 6) Treat others as you would have them treat you. Have respect and consideration for people and their property.
- 7) Volunteers are responsible for maintaining the Crew Hall and Dining Area during their stay.
- 8) Volunteers are responsible for their own wake up call. Volunteers need to be up and ready to go to work by 8am.
- 9) Volunteers are responsible for preparing their own breakfast. Food will be provided by HCD.
- 10) CD players, mp3 players and radios may be played in the Crew Hall or outside. The Community Center is used for meals, evening entertainment, community business and conversation.
- 11) QUIET HOUR AND LIGHTS OUT is 11pm.

*Please have each member of your group read and sign this copy of the rules, and return it along with your information and insurance forms.*

I have read and understand the above rules and agree to abide by them while I am in Hurley.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

Hurley Community Development, Inc. Volunteer Program

Volunteer Information Form  
(Please Print Clearly)

Organization: Glen Mar UMC Phone: 410-465-4995

Address: 4701 New Cut Rd. Ellicott City, MD 21043

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please List Any Allergies: \_\_\_\_\_

Please List Any Special Medical, Dietary, or Health Restrictions: \_\_\_\_\_

Date of Last Tetanus Shot: (Must have been with-in the last 10 Years): \_\_\_\_\_

- 1) Are you a vegetarian?            A Vegan?
- 2) List any skills you may have that may be beneficial during this week: (You do not have to be a professional, just have experience with skills listed... power tools, building trades, mechanics, gardening...)
- 3) Do you have prior volunteer experience? If so, when, where, and what type of program and organization did you volunteer with?
- 4) Do you play a musical instrument, sing, paint, or have other personal talents that you may be willing to share with the group and our community? If you do have personal talents, please feel free to bring your instrument, etc... if there is space available.
- 5) In general, what are your future plans?
- 6) Is there anything special that you would like to do while in our community?
- 7) What is your cultural heritage? Would you be willing to share your heritage with our community?

*Thank You!*

*Please Use the Back of This Sheet to Provide More information*

**Release Of Liability  
Hurley Community Development  
Volunteer Program**

I, \_\_\_\_\_ understand that my involvement in the Volunteers for Communities Program in the community of Hurley, Virginia, in the year \_\_\_\_\_ is entirely voluntary. I also understand that some of the activities I will be engaged in will involve risk. These risks may include, but are not limited to, those involved in construction, travel and sports.

I understand that my participation in this program is at my own risk, and I take full responsibility for my own welfare. I will be responsible for all legal and financial responsibility for payment of medical, hospital and emergency care.

I, for myself and for my successors of every kind, by my signature hereby release the community of Hurley, Virginia, Hurley Community Development, Buchanan County, People, Inc., Buchanan Neighbors United, Southeast Rural Community Assistance Project Inc. (SE/R-CAP) the community's churches, individual clients, landowners, their staffs, boards, memberships and volunteers from liability for any accident, illness or loss that I may sustain while, or as a result of, participating in this program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian  
(If participant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**Insurance Information**

Name of Health Insurance Company: \_\_\_\_\_

Name under which Insurance is filed: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

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

NOTE: This form MUST be completed and returned to the Volunteer Program for Hurley Community Development prior to participation in the program. If the community does not receive the form before you come to the community, you WILL NOT be allowed to participate in the week's activities.