



PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT, WHICH AFFECTS YOUR RIGHTS!

We are excited you are interested in volunteering for Turning Point Ministries. We appreciate your support as we provide affordable housing in Edmond.

Policies and guidelines

Before coming out to volunteer on a Turning Point worksite, please consider and comply with the following guidelines.

When you arrive on the job site, it is imperative that you identify the Turning Point individual in charge to sign the waiver and sign in. Please recognize your limitations and stay within them. Volunteer at your own health risk. Most of our work is performed in the heat or cold since most jobs are completed prior to the installment of heat/air. You are the only one who knows your physical limitations. Turning Point is not liable if you choose to perform activities that are beyond your physical limitations or which violate orders from your physician.

Volunteers under the age of 14 may not work on Turning Point construction sites in accordance with state and federal laws and regulations. Minors must be accompanied by a parent, guardian or an adult approved by a parent or guardian when volunteering with Turning Point. There are very limited opportunities for volunteers under age 16. The Turning Point volunteer coordinator will work with youth group leaders to provide opportunities for safe, meaningful participation in appropriate activities and settings that support the Turning Point mission.

Safety guidelines...

- Stay hydrated.
- Wear sturdy, closed toe shoes without slick soles. Sandals or flip flops are not allowed.
- Plan on getting dirty; Wear old clothes.
- Volunteers under the age of 18 may not use power tools. Only qualified individuals should operate tools used on site.
- Volunteers are not allowed to work on the roof, or on extension ladders/non self-supporting ladder. Volunteers are not allowed to stand off the ground more than 3' on a ladder (3rd step from the ground) or scaffolding. Volunteers are not allowed to paint exterior surfaces higher than 8 feet. The low step stools are preferred for volunteers, and extension paint sticks should be encouraged in lieu of reaching high places with a stool or ladder. Volunteers should not stand on the top 2 steps of the step ladder.
- Volunteers are encouraged to lift correctly during construction clean up. If you are unsure about the proper way to lift, ask the supervisor in charge. (proper lifting involves bending at the knees).
- Volunteers must use the paint pourer to pour 5 gallon buckets of paint into paint trays.
- Volunteers are required to use the "bucket buddy" to transport paint.
- Volunteers are required to wear safety glasses when painting high spots and ceilings to prevent paint drips in their eyes.
- Volunteers are encouraged to wear face masks when cleaning up sheet rock dust, and any time there is excessive dust to clean. Using the shop vacuum in these instances reduces the dust flying around.
- Volunteers using power tools are required to wear safety glasses and ear protection.
- Skills of the volunteer will determine what tasks they are able to complete.

We do not accept court-ordered community service volunteers who are doing hours for offenses including, but not limited to, the following: Any wrong doing with a child, any type of drug possession; any offense of a violent act or threat of a violent act, any case of sexual offense or assault, any offense of robbery or theft. Other offenses at the discretion of the Volunteer Coordinator.

Volunteers **over 75 years of age** are not allowed to do any work that requires leaving the ground, such as work which requires climbing or using a ladder. They should not work unaccompanied or lift or carry materials that weigh more than 25 pounds. Care should be taken when lifting any objects.

Release of Liability

1. Waiver and Release. I understand that construction work can be hazardous and exposes me to risks and dangers, including the risks of illness, injury, death, property damage or loss. I will be working with other volunteers who are, in many cases, unskilled and untrained and who are not under the legal control of Turning Point. In consideration of my being allowed to participate as a volunteer, I release and discharge Turning Point, its successors and assigns, and its directors, officers, agents and employees from any and all liability, claims for liability, claims or demands for illness, bodily injury or death, or for property damage or loss, which I may suffer while present at, or while traveling to and from the place of work or in any other manner arising out of, or connected with my participation as a Turning Point Volunteer. This release shall apply whether the harm suffered is caused by negligence of the parties released hereunder or otherwise

2. Insurance: I understand that Turning Point does not provide medical insurance for volunteers.

3. Medical Treatment. I hereby release and forever discharge Turning Point from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the my time with Turning Point.

4. Photographic Release. I grant and convey unto Turning Point all right, title, and interest in all photographic images and video or audio recordings made by Turning Point during my work with Turning Point.

5. Other: As the volunteer I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Oklahoma in the United States of America, and that this Release, shall be governed by and interpreted in accordance with the laws of the State of Oklahoma. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this Release, I sign here. _____

Date: _____

PLEASE PRINT CLEARLY

Name: _____ Church/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail Address: _____

Date of Birth: _____

Emergency Contact Name : _____ Relationship: _____

Emergency Contact Phone _____

MEDICAL INFORMATION (for hospital or medical practitioner without access to medical history)

Allergies (medicines, food, etc.): _____

Medications being taken: _____ Policy #: _____