

COAP, Inc. Volunteer file Checklist

_____ Group Agreement

_____ Financial Agreement

_____ Volunteer information and consent form (individual)

_____ Sponsor Waiver

_____ Volunteer Survey

_____ Invoice (if they ask for one)

Group Leader Contact information:

Name: _____

Cell: _____

Email: _____

No. of Volunteers: _____

T-shirt sizes:

S: _____ XL: _____

M: _____ XXL: _____

L: _____ other: _____

2020 COAP VOLUNTEER GROUP AGREEMENT

Group Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Group Leader: _____ Phone: _____

Birth Date: _____ Email Address: _____

Organization: _____

Address: _____

Work Camp Dates: _____

In Case of Emergency Contact:

Name: _____ Phone: _____

Relationship: _____ Alt Phone: _____

Address: _____

Volunteers participating with COAP, Inc. will be involved in home repair and related construction activities. They may also participate in free time activities such as hiking, swimming, volleyball, basketball, and other sports. Planned evening activities may include visits to places or regional interests. Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate.

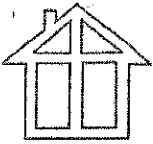
The foregoing statement of activities has been read and understood. COAP, Inc., its agents, employees, and all persons connected therewith are hereby discharged from any and all liability, claims, and cause of action arising out of participating with COAP, Inc.

Further consent is given to be treated by competent medical personnel because of any accident or medical emergency while involved in the activities of COAP, Inc.

This is the _____ day of _____, 20____

Signature – Group Leader

Signature – COAP, Inc. Representative



COAP, INC. FINANCIAL AGREEMENT 2020 SEASON

Date: _____

Fees: \$235.00 per person for a regular Volunteer Program Week.

Deposit #1: \$58.75 per person (Non-refundable) required to reserve a spot on the calendar by March 1st.

***30 days prior to arrival, final group numbers are due.**

After you have preliminarily set your date with our office, this form must be returned as soon as possible with your non-refundable deposit made prior to the deadline indicated above. Unless special arrangements have been made with our scheduling staff, you will lose your reservation.

Group Name: _____

Scheduled for the week of: _____

Group size upon deposit: _____

Total Volunteer Fee: (\$235.00 x _____ group size indicated on this agreement): _____

Deposit #1 amount due (\$58.75 x _____ group size indicated on this agreement): _____

Balance due on arrival at Wampus Creek, Harlan, KY (\$117.50 x _____ group size indicated on this agreement): _____

If you have any changes regarding group size, please contact COAP, Inc. to confirm. The deadline for any group size change is _____ (30 days prior to your arrival). This may affect your balance due upon arrival. If so, written notification will be sent to your group regarding that change.

We _____ understands and agrees to the terms of this financial agreement and realize if the group size increases, we will be responsible for the additional per person charges. Furthermore, if our group size decreases, we are aware that our initial deposit is non-refundable and that our group will pay \$176.25 per group member upon arrival.

Signature of Group Leader/Financial Contact

Date

Printed Name of Group Leader/ Financial Contact

*If this agreement is incorrect, please notify our office so that necessary changes to numbers and balances can be made for record keeping and availability purposes. If you have any questions, please contact Londa at londa@coapinc.org.



2020 COAP VOLUNTEER INFORMATION AND CONSENT FORM

Name: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Occupation: _____ Age: _____
Birth Date: _____ Email Address: _____
Organization: _____
Address: _____
Work Camp Dates: _____
In Case of Emergency Contact:
Name: _____ Phone: _____
Relationship: _____ Alt Phone: _____
Address: _____

Allergies, Health Problems, or Concerns: _____

Any Medication you cannot take: _____

Insurance Co.: _____ Phone: _____

Address: _____

Policy No.: _____ ID: _____

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This is the ____ day of _____, 20__

Signature (Participant) – I certify that I am 18 years of age or older

Signature (Parent of or Legal Guardian of minor participants)