CORPORATE HEADQUARTERS: P.O.BOX 3744 • MIDLAND, TEXAS 79702 • 432-683-4177 • FAX 432-682-9242

Christmas In Action
Building Hope in Your Community

FAIRBORN, OHIO CHAPTER

Building Hope in Our Community

VOLUNTEER APPLICATION, WAIVER OF LIABILITY & PARENTAL CONSENT FORM

Work day is August 1, 2026 Rain Date August 8, 2026

Please complete all lines completely – We will contact you by email or phone number if there are any changes

NAME: (Please print clearly) _____

Between 12 & 17 years old? Yes: ___ No: ___ (If Yes, you must complete the Parental Consent Form on the back of this page)

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

Email Address: (Note: this is the best and easiest way for Christmas in Action of Fairborn, OH, Inc. to communicate with you)

_____

VOLUNTEER FOR THE FOLLOWING SKILLS:

Specific skills	Licensed or skilled trade (Yes or No)	Handy in these areas (Yes or No)
Painting		
Carpentry		
Roofing		
Landscaping		
Dry Wall		
Electrical		
Masonry		
Carpet Installation		
Vinyl Flooring		
Other:		

VOLUNTEER FOR THE FOLLOWING ACTIVITIES:

Activity:	Yes	No
House team captain		
Plumbing		
Transport supplies (Pickup truck, Van, SUV)		
Safety & First Aid (MD, RN, LVN, EMT)		
Assist with admin duties		
Assist with Pre and Post Work Day activities		
Other: (please explain below)		

Christmas In Action, Fairborn, OH Inc.

T-SHIRT SIZE:

S	M	L	XL	2XL

Donate $5 for your shirt

Yes ___ No ___

Address/Project Assignment (Staff Entry Only)

Project Address:

_____

_____

Project #:_____

Phone#: _____

VOLUNTEER WAIVER OF LIABILITY - MUST BE FILLED OUT BY EVERY VOLUNTEER

Christmas in Action of Fairborn, OH, Inc. workday Saturday August 1, 2026, August 8, 2026 Rain Date

In consideration of the opportunity afforded me to assist on a voluntary basis in the "Christmas in Action of Fairborn, OH, Inc.", a project in which home repairs for low-income senior homeowners and low-income Fairborn resident homeowners will be completed by volunteers, and in light of the aims and purposes of the community service provided by Christmas in Action of Fairborn, OH, Inc. in organizing this project; I hereby waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against Christmas in Action of Fairborn, OH, Inc. or its officers and directors, employees, agents, donors, volunteers or other affiliates, collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or cause of action resulting from personal injury to me, death or damage to my personal property directly or indirectly arising from or sustained in connection with my activities for the CIA workday project.

I also grant Christmas in Action of Fairborn, OH, Inc. **permission to take or have taken still and moving photographs and films** including television pictures of myself. I consent and authorize Christmas in Action of Fairborn, OH, Inc. its advertising agencies, news media and any other persons interested in Christmas in Action of Fairborn, OH, Inc. and its works, to use and reproduce the photographs, films, and pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

I understand the success of the August 1, 2026 (August 8, 2026 Rain Date. workday depends on my volunteer commitment. I realize my commitment is critical to help complete the work that has been planned. I also realize that inclement weather is normally temporary and work will continue unless called off by Christmas in Action of Fairborn, OH, Inc. officers.

Signed this ___ day of _____, 20___ Address: _____ Phone Number:_____

_____

Name (Print Clearly) Signature

PARENTAL CONSENT FORM (minors 12-17)

(Minors MUST return Signed Parental Consent form with their application and bring a 2nd COPY on Workday)

Minor's Full Name (First, Middle, Last) Minor's Date of Birth

_____

The above named minor has my permission to participate in the Christmas in Action of Fairborn, OH, Inc. Home Repair Project, hereinafter referred to as Project, scheduled for August 1, 2026; August 8, 2026 (rain date). On behalf of such minor I have signed a Volunteer's Agreement and Release from Liability, hereinafter referred to as Release, and hereby agree to all of the terms and conditions of the Release.

In case of medical or dental emergency, I understand that every effort will be made to contact me at the telephone number set forth below. If I cannot be reached, I hereby give my permission to the physician or dentist selected by Christmas in Action of Oakland County, Inc. to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the minor named above. A copy of this permission form may be accepted by and treated by the physician as equivalent to the original permission order.

_____

Date/Print Name of Parent or Guardian/Signature of Parent or Guardian/Telephone Number or Cell Phone Number

PLEASE COMPLETE THE FOLLOWING:

Name of Medical Insurance Carrier: Policy Number & Group Number: _____

Minor's Primary Physician/Telephone: _____

Primary Physician's Address: _____

Minor's Dentist/Orthodontist: Telephone: _____

Dentist/Orthodontist Address: _____

Any Food or Drug Allergies and/or Limitations on Activities: _____

EMERGENCY CONTACT INFORMATION: The parent/guardian listed above will be the initial person to be contacted, please list two other individuals that can be contacted in case of an emergency.

_____ _____

Contact Name: Cell phone: Relationship to Minor Contact Name: Cell phone: Relationship to Minor