

## **Volunteer Work-Day Application**

Homeowner Name:	Date of Birth:
Address:	
Email:	
Please Check any that apply:	[ ] Senior (65+) [ ] Veteran [ ] Physical Disability
	erican/Pacific islander [ ] Black or African American e or Caucasian [ ] Native American [ ] Mixed Race
Combined Household Income (	Monthly Estimate)*: \$
Please list anyone else who live	es in the home, their relationship to you, and their ages:
Have you received a Citation fro	om University City? [ ] Yes [ ] No (If yes, please attach a copy.)
Can you contribute to the cost	of materials for this work? Amount: \$
EXTERIOR repairs. SHED genera	ns you are requesting. SHED volunteers only do minor ally assigns 3-4 volunteers for a half-day of work, and will bu safe, warm, and dry, or that have resulted in a citation.
*Data used in aggregate for gra	nt application purposes. Will not be shared outside of SHED.
Please mail application to:	SHED, Inc.
	PO BOX 300414 St. Louis, MO 63130
	3t. LOUIS, IVIO 03130

\*SEE REVERSE FOR MORE INFORMATION AND WAIVER\*

## Program Rules (please read carefully)

- If possible, the resident or their family should contribute to the project financially or by assisting with the work. This will allow us to help as many residents as possible.
- Volunteers will not work above the roofline of a one-story house. They will not prune tree limbs requiring power tools.
- Team leaders/volunteers have the right to refuse any project they deem unsafe or are not comfortable doing.
- Work is not guaranteed to be completed. The volunteers will leave property in a safe and orderly condition.
- All volunteers, staff, and residents will treat each other with respect. Any problems should be directed to SHED staff/board.
- Having past work done by SHED does not guarantee any future work.

## **Liability and Media Release Waiver**

I do hereby fully release and discharge SHED, Inc., any officers, agents, servants and employees, and all sponsors, partners, participating agencies, companies, and all other program participants and volunteers from any and all claims from property damages, injuries, including death, damage or loss which I may have or which may be accrued to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend SHED, Inc., any officers, agents, servants and employees, and all sponsors, partners, participating agencies, companies, and all other program participants and volunteers from any and all claims resulting from injuries, including death, damage and losses sustained by me and arising out of, connected with, or in any way associated with the activities of this program.

I also grant SHED permission to photograph and use images from any volunteer work performed on my property.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE PROGRAM DETAILS AND WAIVER AND RELEASE OF ALL CLAIMS.

Homeowner Signature (REQUIRED):	
Homeowner Name (Please Print):	

Questions? Contact us at (314) 782-7433 or info@shedstl.org.