



# LIONS HELPING LIONS IN JOPLIN 2012

## Registration Form

Please complete this form for each individual volunteer and mail to Lion James Groff, 109 Green Street, Christiana, PA 17509. Please make check payable to "**District 14D**". **Registration deadline is April 22, 2012.** Please feel free to contact Lion Jim at 610-593-6612 with any questions, comments or concerns.

### PLEASE PRINT

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you a Lions Club Member? Yes  No  Club Name: \_\_\_\_\_

District: \_\_\_\_\_

Check One:

<input type="checkbox"/>	Single Occupancy - \$1,050.00
<input type="checkbox"/>	Double Occupancy - \$1,475.00 (complete form for the 2 <sup>nd</sup> individual)
<input type="checkbox"/>	For Special Arrangements Call Jim Groff at 610-593-6612
<input type="checkbox"/>	Family Rate (Please call Jim Groff at 610-593-6612)
<input type="checkbox"/>	NOT Staying at the Holiday Inn Joplin (Please call Jim Groff at 610-593-6612)
<input type="checkbox"/>	NOT Going on Conestoga Bus (Please call Jim Groff at 610-593-6612)

Each bus needs to have 40 occupants before and an additional bus and week can be added. Which week would you prefer? Rank your preference 1 through 4.

Week 1		June 1, 2012 - June 11, 2012
Week 2		June 8, 2012 - June 18, 2012
Week 3		June 15, 2012 - June 25, 2012
Week 4		June 22, 2012 - July 2, 2012

PLEASE USE LINES BELOW TO ADD ADDITIONAL INFORMATION

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FOR USE IN CASE OF EMERGENCY

# LIONS HELPING LIONS IN JOPLIN 2012

## MEDICAL FORM

### PLEASE PRINT

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male  Female

In Case of Emergency, Please Notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

In Case of Emergency, Please Notify **Back Home**: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell#: \_\_\_\_\_

Do you have any medical issues that might be of concern on this trip? Yes \_\_\_\_\_ No \_\_\_\_\_

(If Yes, please describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the name and phone # of your primary care physician: \_\_\_\_\_

\_\_\_\_\_

**Please list any additional information you feel may be helpful:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE USE BACK OF THIS PAGE IF YOU NEED ADDITIONAL ROOM TO COMPLETE THIS FORM. THANK YOU FOR VOLUNTEERING!!!

**THE JUNE 2012 LIONS JOPLIN RELIEF TRIP**  
**RELEASE AND WAIVER OF LIABILITY**  
**THE JUNE 2012 LIONS JOPLIN RELIEF TRIP, Individual, and Group Volunteers**  
**PLEASE READ CAREFULLY.**  
**THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.**

This Release and Waiver of Liability, executed on (date) \_\_\_\_\_, by (volunteer's name) \_\_\_\_\_, in favor of **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP**, and their (PRINT NAME) partner organizations, directors, officers, members and affiliates (herein referred to as "**THE JUNE 2012 LIONS JOPLIN RELIEF TRIP**").

I, the volunteer, desire to work as a volunteer for **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP** and engage in activities, as coordinated by **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP**, related to being a volunteer. I understand that such activities may include, but not limited to, clean-up activities, rebuilding construction caused by natural disaster. I freely and voluntarily execute this Release under the following terms.

**1. RELEASE AND WAIVER.** I hereby release and forever discharge **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP** from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from my activities with **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP**, except in gross negligence circumstances. I understand that this Release discharges **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP** from any liability or claim that I may have against **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP** with respect to bodily injury, personal injury or property damages that may result from my activities with **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP**. I also understand that **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP** does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto or disability insurance in the event of injury or loss.

**2. MEDICAL TREATMENT.** I hereby release and forever discharge **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP** from any claim which arises or may arise on account of first aid, treatment or any service rendered in connection with my volunteer activities with **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP**.

**3. ASSUMPTION OF RISK.** I understand that my volunteer activities may include work that is hazardous, including but not limited to work around power tools, heavy machinery, as well as transportation to and from the work site. I hereby expressly assume the risk of injury or harm in the volunteer activities.

**4. INSURANCE.** I understand that **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP** does not carry or provide health, medical, disability or auto insurance coverage for any emergent volunteer. Each volunteer is expected and encouraged to obtain his or her own medical, health, disability and auto insurance.

**5. PHOTOGRAPHIC RELEASE.** I hereby grant unto **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP** all rights to any and all photographic and video images made during my service to **THE JUNE 2012 LIONS JOPLIN RELIEF TRIP** for internal use or reasons of publicity.

**6. OTHER.** I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by local and state laws.

I agree that in the event that any provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of the Release and Waiver, which shall continue to be held enforceable.

Organization Name: \_\_\_\_\_

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian signature: \_\_\_\_\_  
(for volunteers under the age of 18) Date: \_\_\_\_\_



# Volunteer Services Needed

## 2012 Joplin, MO: LIONS HELPING LIONS

Please check all skills, talents and service experience that you want to provide:

PLEASE PRINT:

TODAY'S DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

YOUR CELL #: \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> General labor Helper        | <input type="checkbox"/> Granite Setter           | <input type="checkbox"/> Site Project Manager                 |
| <input type="checkbox"/> Demolition                  | <input type="checkbox"/> Home Appliance Installer | <input type="checkbox"/> Team Leaders                         |
|  | <input type="checkbox"/> Cabinet Installer        |   |
| <input type="checkbox"/> Painter                     |   | <input type="checkbox"/> General Cleaning                     |
| <input type="checkbox"/> Window Glazer               | <input type="checkbox"/> Linoleum Installer       |   |
| <input type="checkbox"/> Wallpaper Installer         | <input type="checkbox"/> Carpet Layer             | <input type="checkbox"/> Moving Furniture                     |
| <input type="checkbox"/> Window Blind Installer      |   |   |
| <input type="checkbox"/> Fabric and Drapes install   | <input type="checkbox"/> Plaster                  | <input type="checkbox"/> Food Prep                            |
|  | <input type="checkbox"/> Drywall Finisher         | <input type="checkbox"/> Food Delivery to job sites           |
| <input type="checkbox"/> Carpenter                   |   | <input type="checkbox"/> Chef                                 |
| <input type="checkbox"/> Trimmer                     | <input type="checkbox"/> Roofer                   |   |
| <input type="checkbox"/> Insulator                   | <input type="checkbox"/> Spouting Installer       | <input type="checkbox"/> Getting Supplies                     |
| <input type="checkbox"/> Exterior Siding             |   |   |
| <input type="checkbox"/> Metal Fabricating           | <input type="checkbox"/> Fencing                  | <input type="checkbox"/> Programs                             |
| <input type="checkbox"/> Hardware Installation       | <input type="checkbox"/> Landscaping              |   |
| <input type="checkbox"/> Flashing                    |   | <input type="checkbox"/> Photographer                         |
| <input type="checkbox"/> Garage Door Installer       | <input type="checkbox"/> Block Mason              | <input type="checkbox"/> Video Recorder                       |
| <input type="checkbox"/> Framer                      | <input type="checkbox"/> Concrete Finisher        |   |
| <input type="checkbox"/> Storm Door Installer        | <input type="checkbox"/> Floor Tile Setter        | <input type="checkbox"/> Fundraising                          |
| <input type="checkbox"/> Storm Windows Installer     | <input type="checkbox"/> Marble Setter            |   |
| <input type="checkbox"/> Help with Out Buildings     | <input type="checkbox"/> Wood Stove Installer     | <input type="checkbox"/> Media Correspondence                 |
|  | <input type="checkbox"/> Chimney Installer        | <input type="checkbox"/> Newspaper writer                     |
| <input type="checkbox"/> Electrician                 | <input type="checkbox"/> Ceramic Tile Installer   | <input type="checkbox"/> Magazine Writer                      |
| <input type="checkbox"/> Security Installer          | <input type="checkbox"/> Stucco Finisher          | <input type="checkbox"/> Newsletter writer                    |
| <input type="checkbox"/> Fire Protection Installer   | <input type="checkbox"/> Masonry Cleaning         |   |
| <input type="checkbox"/> Voice/Data Installer        | <input type="checkbox"/> Bricklayers              | <input type="checkbox"/> Administrative Work                  |
| <input type="checkbox"/> Lighting Fixtures Installer |   | <input type="checkbox"/> Scheduling Recorder                  |
|  | <input type="checkbox"/> Plumber                  | <input type="checkbox"/> Finance Recorder                     |
|  | <input type="checkbox"/> Heating & AC             | <input type="checkbox"/> Recording Secretary                  |
| <input type="checkbox"/> Other _____                 | <input type="checkbox"/> Solar System Installer   | <input type="checkbox"/> Correspondence for District Governor |
|  | <input type="checkbox"/> Chaplin                  |   |
|  | <input type="checkbox"/> EMT                      |   |

I certify that I am able to perform the above selected volunteer services/jobs and know how to operate any applicable equipment/tools/machinery. \_\_\_\_\_ **Please initial or sign.**