



Volunteer Work Day Application

Eagle Sky of the Ozarks

1 Eagle Sky Dr

Piedmont, MO 63957 573.287.3288

You may submit this form via email at office@eaglesky.camp, via mail to address above, or via fax to (573) 287 3223

Conditions of being a Volunteer are stated at the end of this form. Please read carefully before you sign this application.

Name (Last Name, First, Middle) _____ Date _____

Permanent Address _____ City _____ State _____ Zip _____

Telephone Number _____ Cell Phone Number _____ E-mail Address _____

Emergency Contact Name _____ Number _____ Relationship _____

Driver's License Number _____ Expiration Date _____ State _____

Social Security Number _____ Minimum age to participate in work day is 15. If under 18, name of parent/legal guardian _____

Name of the Camper or Church you would like to receive \$50 Volunteer Scholarship (Maximum discount per camper of \$50 for 5 night, programmed camp): _____

Name of church you attend and any volunteer work you may have done there: _____

Church _____ State _____ Type of Work _____

Please indicate in which areas you would like to serve and your level of experience in those areas.

- | | | | | |
|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Electrician | <input type="checkbox"/> Welder |
| <input type="checkbox"/> Limited | <input type="checkbox"/> Limited | <input type="checkbox"/> Limited | <input type="checkbox"/> Limited | <input type="checkbox"/> Limited |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Extensive | <input type="checkbox"/> Extensive | <input type="checkbox"/> Extensive | <input type="checkbox"/> Extensive | <input type="checkbox"/> Extensive |

Please bring your own hand tools to serve in the areas listed above

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> General Laborer | <input type="checkbox"/> Landscaping |
|---------------------------------------|--|--------------------------------------|

Machines you can operate: Heavy Equipment Power Tools Tractors Welder

Other: _____

A maximum of \$50 Scholarship for 5 night, programmed camp will be allotted per camper.

Please Read and Sign

I have read and fully understand all questions requested in this application. I certify that all answers given by me are true, accurate and complete. I authorize investigation of all statements in this application in order to independently verify the correctness of the information that I have provided, including an extensive unlimited background investigation, and further release Eagle Sky of the Ozarks and all others for liability in connection with same. I fully understand that providing false or misleading information in this application or in other documents completed or submitted by me may be cause for immediate dismissal without prior notice regardless of the date of discovery by the Eagle Sky of the Ozarks. I understand that the completion and/or execution of this application does not insure me a volunteer position by Eagle Sky of the Ozarks.

I understand that as a volunteer, I am free to resign at any time, with or without cause and without prior notice, and Eagle Sky of the Ozarks reserves the same right to terminate my involvement at any time, with or without cause and without prior notice. I authorize Eagle Sky of the Ozarks to request and obtain information covering my previous volunteer assignments and to contact the personal references listed herein, and I hereby release Eagle Sky of the Ozarks and its officers, directors and representatives from any and all liability of whatever kind and nature, which, at any time, could result from obtaining and making a decision for me to volunteer based on such information.

SIGNATURE OF APPLICANT _____ Date _____

ESO VOLUNTEER RELEASE AND WAIVER OF LIABILITY

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

This Release and Waiver of Liability (the "Release") executed in favor of The Eagle Sky Foundation, Inc. & Eagle Sky of the Ozarks, a nonprofit corporation, and its directors officers, employees, and agents.

The Volunteer desires to work as a volunteer for The Eagle Sky Foundation, Inc. & Eagle Sky of the Ozarks and engage in the activities related to being a volunteer for Volunteer Work Days (the "Activities"). The Volunteer understands that the Activities may include physical labor or other circumstances that may result in personal injuries.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless The Eagle Sky Foundation, Inc. & Eagle Sky of the Ozarks and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with The Eagle Sky Foundation, Inc. & Eagle Sky of the Ozarks

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES THE EAGLE SKY FOUNDATION, INC & EAGLE SKY OF THE OZARKS FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST THE EAGLE SKY FOUNDATION, INC & EAGLE SKY OF THE OZARKS WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH THE EAGLE SKY FOUNDATION, INC & EAGLE SKY OF THE OZARKS, WHETHER CAUSED BY THE NEGLIGENCE OF THE EAGLE SKY FOUNDATION, INC & EAGLE SKY OF THE OZARKS OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT THE EAGLE SKY FOUNDATION, INC & EAGLE SKY OF THE OZARKS DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

2. Medical Treatment. Volunteer does hereby release and forever discharge The Eagle Sky Foundation, Inc. & Eagle Sky of the Ozarks from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with The Eagle Sky Foundation, Inc. & Eagle Sky of the Ozarks.

3. Assumption of the Risk. The Volunteer understands that the Activities may involve work that may be hazardous to the Volunteer, including, but not limited to physical labor and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases The Eagle Sky Foundation, Inc. & Eagle Sky of the Ozarks from all liability for injury, illness, death, or property damage resulting from the Activities.

4. Insurance. The Volunteer understands that, except as otherwise agreed to by The Eagle Sky Foundation, Inc. & Eagle Sky of the Ozarks in writing, The Eagle Sky Foundation, Inc. & Eagle Sky of the Ozarks does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. Photographic Release. Volunteer does hereby grant and convey unto The Eagle Sky Foundation, Inc. & Eagle Sky of the Ozarks all right, title, and interest in any and all photographic images and video or audio recordings made by The Eagle Sky Foundation, Inc. & Eagle Sky of the Ozarks during the Volunteer's Activities with The Eagle Sky Foundation, Inc. & Eagle Sky of the Ozarks, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Missouri. Volunteer also agrees 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.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year indicated below.

Volunteer Name (print): _____ Date: _____

Signature: (parent/legal guardian if under 18) _____