

WORK SITE INFORMATION FORM

Construction Coordinator: Complete this form in its entirety for each project work site. Give copies to the construction supervisor and construction captain. The original goes to the Project Office.
IMPORTANT: THIS FORM MUST BE SIGNED BY THE RESIDENT BEFORE WORK IS BEGUN. THIS FORM MUST BE TURNED INTO THE STAFF AT THE CONCLUSION OF THE PROJECT.

Project Information: **Project Date:** _____ **Location:** _____

Site Information: **Residents Name:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Host Church: **Church/Contact Person:**
Address: _____ **Phone:** _____
Pastor: _____ **Phone:** _____

Repairs Assigned :		Supplies Required:	
Check center box as items are completed :			
1	_____	1	_____
2	_____	2	_____
3	_____	3	_____
4	_____	4	_____
5	_____	5	_____
Note to Construction Captains: Do not attempt repairs that are not listed on this form without the approval of your Construction Supervisor.			

Directions to Work Site:

Assessment:

Estimated Squad Size Needed for This Site: _____ Estimated Days to Complete: _____

Estimated Cost of Materials: \$ _____ Restroom Available: _____

Squad Assigned: _____ Construction Captain Assigned: _____

Follow-up Needed:

Resident Release

I, the undersigned, (also known as the resident), agree to and accept all construction or renovation work that is performed on my home (dwelling) by volunteers and its representatives. Further, I waive any right to bring legal action against Mission Serve, its licensees, successors, legal representatives and assignees upon completion of said construction or renovation work. I also hereby release all claims and forever hold harmless the directors, employees, and agents Mission Serve from any and all claims related to work performed on my home (dwelling).

By signing this document the resident hereby gives Mission Serve its licensees, successors, legal representatives and assignees, the absolute and irrevocable right and permission to use the resident's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images and/or moving pictures and/or videotaped images of the resident with or without the resident's voice, or in which the resident may be included in whole or in part, photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose whatsoever. The resident also consents to the use of any printed matter in conjunction therewith.

The resident also waives any right to inspect and/or approve the finished product or products or the editorial, promotional, or printed copy or soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied. The resident discharges and agrees to save harmless Mission Serve its licensees, successors, legal representatives and assignees from any liability by virtue of any blurring distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting, or displaying of said images, and from liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

Please complete and sign below (not valid without signatures):
NO WORK CAN BE PERFORMED WITHOUT SIGNATURES

Resident Signature: _____

Telephone # (Day): _____ (Evening): _____ Date: ____/____/____

Witness Signature: _____

Telephone # (Day): _____ (Evening): _____ Date: ____/____/____