



A Call To Serve Ministries of Iowa

A Call To Serve Ministries of Iowa connects those who need assistance with those willing to help.

Personal Contact Information

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	Last Name
Mailing Address		
City	State	Zip Code
Phone (Home)	Additional phone	E-mail

Description of work to be done:

Statement of Practice

ACTS of Iowa volunteers are committed to working safely and providing, to the best of our abilities, quality work. All volunteer services are at no charge, unless documented on this form. **Materials for this project will be the responsibility of the homeowner, or representing agency, and will need to be secured before the project can begin.** Since volunteers work at no charge, it is difficult to give an exact date of service. Work dates will be dependent on schedules, weather, and current project loads, but we will work with you to determine a time that works for both parties.

By signing below, the undersigned acknowledges that he/she is willing to accept work performed and materials provided by A Call to Serve Ministries of Iowa. Said labor is provided on a volunteer basis. By signing below, the undersigned does hereby acknowledge and confirm that there is no warranty provided, whether expressed or implied, by A Call to Serve Ministries of Iowa for any work performed on a volunteer basis pursuant to this application. The undersigned does hereby release and discharge A Call to Serve Ministries of Iowa, its agents, board members and volunteers, from liability or responsibility for any injury or damage that occurs during the project, whether personal injury, death or property damage. I agree that ACTS may use photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

ACTS of Iowa will review the information you supplied regarding this project and respond to you with next steps.

Signature

Date

Please return this completed and signed form to your ACTS contact or mail to:

The Well—ACTS
419 E. Oskaloosa St
Pella, IA 50219