

FORMS AND HANDOUTS

	<u>Page</u>
Forms Check List	F- 2
Cover Sheet	F- 5
Preliminary Work Scope	F- 6
Lead-Based Paint Disturbance Form	F- 7
Limited Supply Order Form	F- 8
Request port-a-john, dumpster and special trash pick-up	F-10
Additional Volunteers and Professional Services Request Form	F-11
Homeowner Agreement and Work Scope Form	F-12
Volunteer Safety Check List	F-14
Volunteer's Agreement and Release From Liability	F-16
Authorization for Participating Minor Release From Liability	F-17
Medical Treatment Authorization For Participating Minor	F-18
Incident Report	F-19
End of Day Form	F-20
Homeowner Follow-Up Questionnaire	F-21
House Captain Final Report	F-23
List of Completed Repairs and Home Modifications	F-25
Project Impact Summary Report	F-26
Reimbursement Form	F-27
Donation Form	F-28

FORMS CHECK LIST

DUE NO LATER THAN MARCH 27, 2017

COVER SHEET

Use this form as a cover sheet whenever you send in forms. It ensures that any information you submit will be put in the correct file.

PRELIMINARY WORK SCOPE

Based upon the initial site assessment provided to you by Rebuilding Together (RT-AFF), the project budget, the human resources that your team can provide (time, skill and labor) and the wishes of the homeowner, create a preliminary list of repairs and modifications your team anticipates to complete. Discuss these items with the homeowner prior to submitting the form (this form should not be signed). RT-AFF staff will review the request, consider our overall resources and other factors impacting the project to provide you with feedback to determine the final scope of work. In Arlington County, you may not add to the scope of work described in the initial site assessment report furnished to you by RT-AFF.

In order for you to better control your budget you will be responsible for securing all materials needed for the work project with the exception of a few items like t-shirts. The budget for your project is included at the beginning of this manual. Please do your best to estimate the cost of the various task(s). RT-AFF will consider adjusting the budget if necessary to complete critical repairs. RT-AFF will provide Home Sponsor teams with cards to purchase materials at Home Depot and Lowe's. Names of 2-3 purchasers should be provided to RT-AFF no later than March 3, 2017 by completing an Approved Purchasers Form.

LEAD-BASED PAINT DISTURBANCE FORM

EPA and HUD regulations require that a certified renovator and/or abatement supervisor be on the worksite and train volunteers when disturbing a specified amount of lead based paint and other coated surfaces (typically found in homes built prior to 1978). This amount differs depending on the geographic location of the site. In order to determine the extent of paint/coated surfaces that will potentially be disturbed on each worksite and to provide RT-AFF with enough information to create a safe and successful lead based paint work plan, please complete the Lead Based Paint Disturbance form. All areas indicated on the form will be professionally tested for the presence of lead and the results furnished to both the house captain and homeowner. Together staff and the house captain will create a work plan based upon these results.

LIMITED SUPPLY ORDER FORM

RT-AFF has limited its supply list to the following items: t-shirts, signs, accessibility items such as grab bars, and protective gear and supplies. Complete the order form and return it to RT-AFF by March 27, 2017. All supplies ordered on this list will be available for pick up at Rebuilding Together-AFF on Friday, April 28, 2017. Please contact RT-AFF at (703) 528-1999 to schedule a pick up time. Complete each page of the *Order Form* and include the group name and project number. For your convenience, labels containing this information are included in your booklet.

2/24

REQUEST PORT-A-JOHN, DUMPSTER AND SPECIAL TRASH PICK-UP

Indicate if your team needs a port-a-john, dumpster or special trash pick-up (private company). Sketch the house and placement of these items noting if there are any power lines or obstacles preventing the vendor's ability to place the units. Indicate the preferred delivery time and the order in which these items should be delivered. Describe the type of waste and estimated quantity of each type. It is important to keep waste separated by type if a trash pick-up is required.

DUE APRIL 14, 2017

ADDITIONAL VOLUNTEERS AND PROFESSIONAL SERVICES REQUEST FORM

Please complete this form to request professional services and additional volunteers that you may need for or prior to the work day.

DUE APRIL 24, 2017

HOMEOWNER AGREEMENT FORM AND FINAL WORK SCOPE

As the house captain it is your responsibility to sit down with the homeowner to explain and review this form prior to any work being started. Please also indicate the repairs that both you and homeowner have agreed that your team will complete. We ask that you be conservative in your estimates - do not overestimate what you are capable of completing. After the homeowner has signed this form, return the original to RT-AFF and provide a copy to the homeowner.

FORMS THAT MUST BE SIGNED BEFORE PROJECT WORK DAY (APRIL 29)

Completed forms due to Rebuilding Together-AFF no later than May 19, 2017

VOLUNTEER SAFETY CHECK LIST

Every volunteer must be given a copy of this two-page check list with the Volunteer Agreement Form.

VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

Please have all volunteers (parents/guardians if a minor) complete and sign this form prior to working on the project. Volunteers are not allowed to work until this form has been completed. Keep completed forms on hand during the work day for reference.

**AUTHORIZATION FOR PARTICIPATING MINOR RELEASE FROM LIABILITY/
MEDICAL TREATMENT**

In addition to the Volunteer Agreement and Release From Liability Form, parents/guardians must sign these forms for minors 14 and older prior to working on the project. Keep completed forms on hand during the work day for reference. **(No children under the age of 14 on the worksite).**

INCIDENT REPORT (ONLY WHEN NEEDED)

Please complete this report within 24 hours of an incident and submit to RT-AFF. The list of emergency medical facilities can be found in the "Safety Section" of this manual.

FORMS TO BE COMPLETED AFTER THE WORK HAS BEEN DONE

Due to Rebuilding Together no later than May 19, 2017

- END OF DAY FORM**
At the end of the work day, please sit down with the homeowner and complete this form stating that all work has been successfully completed.
- HOMEOWNER FOLLOW-UP QUESTIONNAIRE**
At the end of the work day, please provide this form to the homeowner to complete. Ask the homeowner to either mail the completed form to RT-AFF in the enclosed envelope or give it back to you.
- HOUSE CAPTAIN FINAL REPORT**
Please complete this final report and return it to RT-AFF. The information you provide to us is extremely important. It provides us with statistics, information on ways to improve the program and great stories to share.
- LIST OF COMPLETED REPAIRS AND HOME MODIFICATIONS**
Use the Volunteer Scope of Work (VSOW) you were provided to report the recommended repairs you completed. Please list all other repairs/modifications that were made by your team on this form. Indicate work that you were unable to accomplish or complete.
- PROJECT IMPACT SUMMARY REPORT**
At the end of the job, note the impact your repairs have made for these 25 health and safety priorities. Fill in both the Before and After columns. For N/A responses, just enter a Yes. Any Priority your repairs have changed from a No to Yes gets a (+) in the Change column.
- REIMBURSEMENT FORM**
Use this form to request reimbursement for items purchased using cash or personal credit cards. Please keep in mind that all items purchased by your team (cash/store credit card issued by Rebuilding Together-AFF) may not exceed the budget amount. Please attach all receipts.
- DONATION FORM**
Use this form for individuals or businesses that donate materials, food or services. Goods are tax deductible, services are not. Complete and return to RT-AFF so that we may acknowledge their contribution.
- BUDGET TRACKING SHEET, RECEIPTS AND STORE CREDIT CARDS**
This sheet will be mailed to the house captain in late March. Track all purchases made by your group on this sheet and attach receipts. Please remember that all items purchased with cash, personal credit card or RT-AFF issued cards must be tracked on this sheet. Please return the budget tracking sheet, receipts and all RT-AFF issued cards.

COVER SHEET

2017 REBUILDING TOGETHER-AFF

(To be completed by the house captain and attached
to all forms due to Rebuilding Together-AFF)

Project Number: _____

Homeowner Name _____

Group Name: _____

Contact: _____

Contact Telephone: _____

E-mail: _____

TO BE COMPLETED BY REBUILDING TOGETHER

Date Reviewed/Reviewer: _____

House Captain Contacted: _____

- Preliminary Work Scope
- Lead-Based Paint Disturbance Form
- Supply Order Form Entered into Database
- Request for Dumpster/Port-a-John/Trash Pick Up
- Final Budget and Cards Mailed to Team
- Budget Amount \$ _____
- Request for Additional Volunteers & Professional Services
- Homeowner Agreement Form & Work Scope
- End of Day Form
- Homeowner Follow-Up Questionnaire
- House Captain Final Report
- Volunteer Scope of Work (completed repairs)
- List of Completed Repairs
- Project Impact Summary Report
- Reimbursement Form
- Donation Form
- Budget Tracking Sheet and Cards
- Volunteer Agreement and Release Form

Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030

Phone: (703) 528-1999 Fax: (703) 528-1197

info@rebuildingtogether-aff.org

PRELIMINARY WORK SCOPE

Please review this preliminary plan with the homeowner, noting that this is subject to approval and change.

Project Number: _____ Group: _____

	<u>Cost</u>
Task 1: _____	_____
Task 2: _____	_____
Task 3: _____	_____
Task 4: _____	_____
Task 5: _____	_____
Task 6: _____	_____
Task 7: _____	_____
Task 8: _____	_____
Task 9: _____	_____
Task 10: _____	_____

RT-AFF Project Budget \$ _____ **Amount Needed** \$ _____

Due March 27, 2017 - Return to:
Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
Phone: (703) 528-1999 Fax: (703) 528-1197 info@rebuildingtogether-aff.org



Lead-Based Paint Disturbance Form

Group Name: _____ Project #: _____

Homeowner Name: _____

Was the house built prior to January 1, 1978? ___Y ___N

Will you disturb paint or a coated surface in the following rooms of the house? Please indicate whether you will, how large the area of disturbance in each room, whether that number exceeds 6sq.ft per room in interior rooms or 20sq.ft total on the exterior and where in the room the disturbance will be. Also please indicate if you will be disturbing more than 10% of any component such as a window or door or if you will be replacing any windows. Paint (Coated Surface) Disturbance – Any activity that distributes lead-based dust into the air, such as cutting, sanding or scraping.

Will you replace any windows? YES NO If so, how many _____

Room	Disturb Paint? Y/N?	Amount of Disturbance in Sq. ft	Disturbance greater than 6sq.ft per room on interior?	Disturbance of more than 10% of a component (window, door)?	Where in room? Be specific.
Bathroom (downstairs)					
Bathroom (upstairs)					
Kitchen					
Living Room					
Dining Room					
Bedroom 1					
Bedroom 2					
Bedroom 3					
Hall/Foyer					
Hall (upstairs)					
Laundry Room					
Rec Room					
Basement					
Interior - Garage					
Other					
			Disturbance greater than 20 sq. ft for exterior?		
Exterior					

Due to Rebuilding Together-AFF – March 27, 2017
 10723 Main Street, Suite 135, Fairfax, VA 22030
 (703) 528-1999 Fax: (703) 528-1197 info@rebuildingtogether-aff.org

SUPPLY ORDER FORM 2017

These items will be ordered by Rebuilding Together and

Available for pick up Friday, April 28, 2017

UNITS NEED (Quantity)	PRODUCT NUMBER	PRODUCT CATEGORY/NAME ITEM	UNIT QUANTITY (SIZE)
T-SHIRTS AND SIGNS			
	100	T-Shirt	MEDIUM
	101	T-Shirt	LARGE
	102	T-Shirt	X-LARGE
	103	T-Shirt	XX-LARGE
	104	T-Shirt	XXX-LARGE
	200	T-Shirt (House Captain)	MEDIUM
	201	T-Shirt (House Captain)	LARGE
	202	T-Shirt (House Captain)	X-LARGE
	203	T-Shirt (House Captain)	XX-LARGE
	204	T-Shirt (House Captain)	XXX-LARGE
	301	Large Rebuilding Together House Sign	EACH
	302	Smaller Rebuilding Together Direction Sign	EACH
ACCESSIBILITY ITEMS			
	400	Swing Clear Hinge, 1- 3/8" door 3 - 1/2" hinge (Inside Use Only)	EACH
	401	Swing Clear Hinge, 1- 3/8" door 4 " hinge (Outside Use)	EACH
	<i>(For regular grab bars and installation)</i>		
	500	Mini Grab Bar Kit – Regular Grab Bars	EACH
	501	Snap toggles Heavy Duty 3/16" Toggle Bolts (4 required per grab bar; pack of 4)	PACK
	502	12 Inch - Stainless Steel Grab Bar	EACH
	503	18 Inch - Stainless Steel Grab Bar	EACH
	504	24 Inch - Stainless Steel Grab Bar	EACH
	505	36 Inch - Stainless Steel Grab Bar	EACH
	506	42 Inch - Stainless Steel Grab Bar	EACH
	507	48 Inch - Stainless Steel Grab Bar	EACH
	<i>(For special purpose)</i>		
	600	Mini Grab Bar Kit – Special Purpose Grab Bars	EACH
	601	Grab Bar with Integrated Towel Bar	EACH
	602	Grab Bar Toilet Paper Holder	EACH
	603	Grab Bar Brackets for Fiberglass Surrounds (Sure Mount™)	EACH

UNITS NEED (Quantity)	PRODUCT NUMBER	PRODUCT CATEGORY/NAME ITEM	UNIT QUANTITY (SIZE)
		<i>(For weight loads over 250 pounds)</i>	
	700	Mini Grab Bar Kit – Residential Winglts	EACH
	701	Winglts – RESIDENTIAL	PAIR
	702	12 Inch - Stainless Steel Grab Bar; 1 ¼" Deep	EACH
	703	18 Inch- Stainless Steel Grab Bar; 1 ¼" Deep	EACH
	704	24 Inch- Stainless Steel Grab Bar; 1 ¼" Deep	EACH
	705	36 Inch- Stainless Steel Grab Bar; 1 ¼" Deep	EACH
	706	42 Inch- Stainless Steel Grab Bar; 1 ¼" Deep	EACH
	707	48 Inch- Stainless Steel Grab Bar; 1 ¼" Deep	EACH
PROTECTIVE GEAR and SUPPLIES			
	800	Caution Tape	ROLL
	801	Coveralls (One size fits all)	EACH
	802	Cutter	EACH
	803	Disposable Earplugs (7 pair/ pack)	PACK
	804	Disposable Hepa Respirator	EACH
	805	Dust Mask	EACH
	806	First Aid Kit	KIT
	807	Head Covers (Bonnets)	EACH
	808	Heavy Duty Plastic (1.5 Mil; 12' Wide)	1 FOOT
	809	Mist Spray Bottle	EACH
	810	Safety Glasses	EACH
	811	Shoe Covers (Booties)	PAIR

**THIS FORM IS DUE TO REBUILDING TOGETHER
NO LATER THAN MARCH 27, 2017
10723 Main Street, Suite 135, Fairfax, VA 22030
(703) 528-1999 Fax (703) 528-1197 info@rebuildingtogether-aff.org**

REQUEST PORT-A-JOHN, DUMPSTER AND SPECIAL TRASH PICK-UP

Homeowner: _____
Address: _____
Phone No: _____
Project No: _____

Please discuss the placement of the dumpster, port-a-john and/or trash for pick-up with the homeowner. Make sure the area is accessible. Sketch the house and placement of these items. Please also indicate if you have any restrictions/requirements for time of delivery.

Please indicate if your team requires the following, the order in which these items should be

delivered and if needed by a certain date.

	<u>Placement Order</u>	<u>Date Needed</u>
<input type="checkbox"/> Port-a-john, if so how many _____	_____	_____
<input type="checkbox"/> Dumpster (15-20 yard).	_____	_____
<input type="checkbox"/> Special Trash Pick-Up (by private company)	_____	_____

Please list the type of items that need to either be placed in a dumpster or arranged to be picked up. (household waste, white goods, construction debris etc.) and estimate the quantity of waste per item. (Don't forget a great alternative is to use a Bagster).

Due March 27, 2017 – Return to:

Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
Phone: (703) 528-1999 Fax: (703) 528-1197 info@rebuildingtogether-aff.org

ADDITIONAL VOLUNTEERS & PROFESSIONAL SERVICES REQUEST FORM

Rebuilding Together 2017

Group: _____

Project No: _____

I. Professional Services Required:

(Please describe what services are needed and the required timeframe)

Electrical: _____

Plumbing: _____

Other Professional Services: _____

II. Individual Volunteers:

Indicate the day(s) and time you need volunteers

Rebuilding Day 1 - Saturday April 29, 2017 Time: _____

Rebuilding Day 2 - Sunday April 30, 2017 Time: _____

Other Dates _____ Time: _____

Describe the number and skill type of volunteers: _____

Return this form by April 14, 2017 to:

Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
Phone: (703) 528-1999 Fax: (703) 528-1197 info@rebuildingtogether-aff.org

**HOMEOWNER AGREEMENT FORM & WORK SCOPE
REBUILDING TOGETHER ARLINGTON/FAIRFAX/FALLS CHURCH**

In consideration that some repairs may be done on the premises, I/WE, the below signed, hereby give my/our permission to Rebuilding Together Arlington/Fairfax/Falls Church, Inc. (RT-AFF) (by or through its participating volunteers, groups and contractors) to enter my/our home at the address given below (the "Premises") on _____ (date) and those other days as may be agreed upon as necessary in order to perform certain repair and refurbishing work as noted below.

In consideration of the work to be performed free of charge by volunteers and/or contractors hired by RT-AFF for my/our benefit as the owner of the Premises and in light of the aims and purposes of the community service provided by RT-AFF in organizing this home repair and renovation program, I/We **agree to release and hold RT-AFF, any officers and directors, employees, agents and volunteers for those organizations harmless from any cause of action, claim or suit arising out of or related to the home repairs and renovations at the Premises.**

I/We as the owner of the Premises and beneficiary of the improvements perform thereon by RT-AFF, its volunteers, and contractors, hereby, **agree, for myself/ourselves, my/our heirs, assigns, executors, and administrators, to accept the work performed in an "as is" condition, and hereby absolve, release and waive any and all liability, actions, claims or demands against RT-AFF**, any officers and directors, employees, agents and volunteers for those organizations for injuries sustained to the Premises, my person or my personal property as a result of the work to be performed on the Premises that may arise out of, relate to or accrue against RT-AFF, officers and directors, employees, agents and volunteers collectively or individually for those organizations.

Without limiting the generality of the foregoing, I/We agree that **this waiver and release** shall include any rights or causes of action resulting from any personal injury or damage to my property sustained in connection with the work performed on the Premises.

I/WE understand and affirm the following:

- 1 It is my/our intention to remain in my/our home, barring serious illness and/or unexpected financial constraints that might make it necessary for me/us to move, for a minimum of two years after completion of repair work performed _____(initial).
- 2 The labor will be performed by skilled & unskilled volunteers _____(initial).
- 3 I/We will not be charged for the work performed _____(initial).
- 4 None of the work done is warranted or guaranteed _____(initial).
- 5 I/We and any able bodied family member or visitor will work along side of the volunteer group to make necessary repairs to my/our home _____(initial).
- 6 I/ We understand that no alcoholic beverages are to be consumed during the work day _____(initial).
- 7 I/We further consent to the unrestricted use by RT-AFF and/or any person authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording of me created in connection with RT-AFF. I verify this statement by placing my initials here _____(initial).

8 ^{2/24} I/We agree to work in a cooperative manner with Rebuilding Together-AFF, its volunteers and vendors. I/We understand that if I/we or any family member disrupts the work of volunteers, during the work day, the volunteer group will not perform repairs on my/our home _____(initial).

9 The following is the scope of work that Rebuilding Together Arlington/Fairfax/Falls Church, Inc. intends to make. I understand this does not guarantee that all tasks listed below will be performed.

Task 1: _____

Task 2: _____

Task 3: _____

Task 4: _____

Task 5: _____

Task 6: _____

Task 7: _____

Task 8: _____

NOTES: _____

10 Listed below are the responsibilities of the homeowner and his/her family in preparation for and cooperation with the Rebuilding Together Arlington/Fairfax/Falls Church, Inc. volunteers.

I/We have read and do thoroughly understand and by my/our signatures here below do affirm the above.

Homeowner #1 signature

Homeowner #2 signature

Date: _____

Date: _____

Address City State Zip

Name of Volunteer Group

House Captain Signature

Sources of funding for RT-AFF include local businesses, churches, synagogues and individuals. CDBG funds from Arlington County and CCFP funds from Fairfax County help to defray administrative costs.

Due April 24, 2017 - Homeowner and house captain must sign and return this form to:
Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
Phone: (703) 528-1999 Fax: (703) 528-1197 info@rebuildingtogether-aff.org

Thank you for volunteering your time and energy to work with Rebuilding Together!

In order to make today's event a success, there are a few safety items that are important to remember, whether you are a seasoned professional or a first-time volunteer. Please take a moment to review these important reminders.

Volunteer Waivers

- Make sure you read and understand the volunteer waiver form. Any questions should be directed to the House Captain or Safety Coordinator.
- Should an accident take place on the worksite, notify the House Captain/Safety Coordinator immediately.

Jobsite Security

- Store valuables in your car or other secure location.
- Familiarize yourself with the worksite leadership and report any strange activities or individuals to the appropriate person immediately.
- Return tools/materials to designated location.
- Label your personal items, including tools, gloves, anything you would like returned to you at the end of the day.

General Housekeeping

- It is everyone's responsibility to pick up trash, debris and materials.
- Clean all spills appropriately immediately after they occur to avoid slips.
- Vacuum/sweep work area when finished with project to gather stray materials and debris.
- If an item is broken or damaged beyond repair, consult with house captain/homeowner and discard when possible to avoid future hazards.
- Provide air circulation throughout home, especially in areas that have come into contact with paint, sawdust, or other materials that could be hazardous when inhaled.

Slips & Falls

- Inspect walking/working surfaces to make sure they are as clean and dry as possible.
- Announce locations or post signs in wet, icy, greasy or otherwise slippery areas.
- Clean up work materials when finished to avoid creating tripping hazards.
- Unplug extension cords and/or keep a clear pathway through a work area at all times.
- Inspect ladders and step stools to ensure that they are in good working order.

- Do not compromise your safety while on a roof or other high area by reaching, leaning, or otherwise being without sure footing.

Ladder Safety

- Inspect each ladder before you use it to make sure it is clean and undamaged.
- Set up a ladder on dry, stable ground.
- Position so that the feet of the ladder are approximately one foot from the base of the building for every four feet of the building's height.
- If there's any chance the ladder's feet will slip, dig a small trench for the feet or secure them another way.
- Extend the top of the ladder three feet above the top of the roof, or whatever surface you have it leaning against.
- Tie off the ladder to prevent it from slipping.
- Face the ladder when you are climbing and keep both hands on the ladder.
- Do not stretch or reach while on the ladder – come down and move the ladder to the desired location.
- Have someone hold the base of the ladder for you as you descend. If someone else is descending without support, assist them.

Material Handling

- Remember proper lifting techniques (bend at the knees, grab an object securely, hold it close to the body).
- Be cognizant of your health and ability to handle heavy objects/labor intensive or strenuous tasks – do not take on more than you are physically able to handle.
- When transporting heavy/awkward objects, confirm that your pathway is clear of debris and safe to walk on.
- Keep an eye on both ends of long objects like wood beams, ladders, and railings – do not back up with object in hand without checking for obstacles such as windows, breakables, ladders, or people.
- Avoid throwing items into dumpsters/onto ground, as many items can shatter.

continued ►

Material Handling *continued*

- Handle trash carefully to avoid lacerations from glass or contact with other unsafe items within the bag.
- Wear gloves! They can help avoid splinters, help provide traction, and protect against cuts.

Personal Protective Equipment

- Review PPE needs for each task.
- For any job that requires specific types of PPE, make sure you receive the proper materials and any necessary instruction on how to use the equipment.
- Replace your PPE if its effectiveness is compromised.
- Be sure to discard your PPE appropriately, remembering that any hazardous material you might have encountered could also be on the equipment.

Hazardous Materials

- Be aware of materials you are working with – if they are hazardous, be sure to receive instruction on what to do in the event of a mishap.
- Keep materials in proper containers and make sure that the materials are labeled.
- Wear gloves, masks or other PPE as appropriate.
- Confirm that MSDSs are available on the work site.
- Confirm appropriate manner for discarding material – many materials require special disposal and should not be flushed down sinks, poured into the ground, or thrown in the trash.
- Thoroughly wash hands and work area after handling hazardous materials, even if you are using PPE. There is still the danger of transporting the material to your eyes, mouth, or someone else unless everything is cleaned.

Electrical Safety

- Inspect tools to make sure they have guards, grounding prongs, and are undamaged.
- Do not use power tools that you do not know how to operate.
- Inspect extension cords to make sure they are undamaged and are three-pronged.
- Make sure the power is turned off before working on lighting or other wiring projects.
- Watch for overhead power lines when working outside.

Power Tool Safety

- Receive instruction prior to using a tool you do not know how to operate.
- Confirm that cord does not pose a tripping or electrical hazard.
- Stay focused on task at hand - do not become distracted.
- Be aware of environmental hazards (do not shoot nails in wood when there are volunteers behind wood beam, check walls for wiring/plumbing before contact, do not operate anything electrical in the rain, etc.)
- Avoid wearing loose fitting clothes that could get caught in the tool.
- Most accidents occur after the tool has been used and is in “wind-down” mode – continue to use caution around the tool during this period.

- Do not use cords to hoist or lower tools.
- Make sure the tool is in the OFF position before plugging in the cord, passing to another worker, or setting the tool on the ground.

Fire Prevention

- Do not smoke on a work site.
- Be aware of the nearest fire extinguishers on site and ask for training if you don’t know how to use one.
- When using gas-powered equipment, let engines or motors cool before refueling.
- Turn off the electricity and gas before starting any major construction projects.

Water Damage Prevention

- Do not attempt a plumbing job if you are not experienced.
- Do not expose a building’s interior or homeowner’s belongings to inclement weather.
- Clean up spills immediately after they occur.
- Turn off water before working on any plumbing job.
- Locate water pipes before beginning major construction (doorway widening, replacing dry wall, installing fixtures or grab bars, replacing appliances, etc.)

Environmental Awareness

- Be aware of the condition of the floor, steps, or other materials you are putting weight on.
- Be cognizant of traffic or other neighborhood hazards.
- Do not bring children or pets onto a worksite.
- When outside, check for plants such as poison ivy/oak, thorns, or other items that might cause an allergic reaction (bees, pollens, etc.)
- Watch for tripping hazards both inside and out, including pipes, loose bricks, roots, extension cords, hoses, throw rugs, and uneven ground.
- Confirm that your task does not affect the property/grounds of a neighbor.
- Use caution when entering/leaving work area in a motor vehicle – check for other cars and people, as well as tools, lumber, or other worksite material that might be in the way.
- When removing tree limbs or beams overhead, be sure to check what is below and could be damaged by falling materials.
- Many accidents happen while someone is angry or distracted. Stay cool and focus on the job at hand. If you think someone might not be in the right mindset to handle their assigned task, take action – offer to take over or talk with the house captain.
- When scraping or removing paint, confirm that the paint is lead-free. If not, determine whether it is safe to continue the project. Ask for safety guidelines from House Captain.
- Check out your shoes – are they appropriate for the work you’ve been assigned? Consider the sole thickness and tread before entering job site.

**Rebuilding Together Arlington/Fairfax/Falls Church, Inc.
VOLUNTEER'S AGREEMENT AND RELEASE FROM LIABILITY**

1. **VOLUNTARY PARTICIPATION:** I acknowledge that I have voluntarily applied to participate in Rebuilding Together Arlington/Fairfax/ Falls Church, Inc.'s ("RT-AFF") Program (the "Program"), a program in which the homes of disadvantaged persons will be repaired by volunteers (skilled and unskilled, adults and minors). I understand that as a volunteer I will not be paid for my services. I further agree that my participation in the Program may be terminated at any time by RT-AFF, the sponsorship group to which I belong, or by me.

2. **ASSUMPTION OF RISK:** I AM AWARE THAT PARTICIPATING IN THE PROGRAM, I MAY BE EXPOSED TO PERSONAL INJURY OR DEATH, OR DAMAGE TO ANY OF MY OWN PROPERTY THAT I MAY BRING TO THE PROGRAM SITE AS A RESULT OF MY PARTICIPATION, THE ACTIONS OF OTHER VOLUNTEERS, OR THE SPECIFIC CONDITIONS UNDER WHICH MY VOLUNTEER SERVICES ARE PERFORMED. WITH KNOWLEDGE OF THESE RISKS, BUT SUBJECT TO THE EXCLUSIONS STATED BELOW, I AGREE TO OTHERWISE ACCEPT AND ASSUME ANY AND ALL RISKS OF PERSONAL INJURY, DEATH, OR DAMAGE TO MY OWN PROPERTY, AND I VERIFY THIS STATEMENT **BY PLACING MY INITIALS HERE** _____

3. **RELEASE:** In consideration of the opportunity afforded me to participate in the Program, I hereby agree, subject to the exclusions stated below, that I, my successors, assignees, heirs, guardians and legal representatives, will not make any claim against the Program or any of its affiliated organizations, or their officers, directors, or employees, or any suppliers of any materials or equipment that are used during the Program, any of the Program volunteers or sponsors, or any homeowner participating in the Program, for injury, death, or damage resulting from their acts or omissions to act however caused, arising from my participation in the Program. Subject to the Exclusions stated herein below, I hereby waive and release any rights, actions or causes of action resulting from personal injury to me, or my death, or damage to my property, sustained in connection with my participation in the Program.

4. **EXCLUSIONS.** The foregoing assumption of risk and release provided in sections 2 and 3 above exclude and do not include actions or occurrences at the site of the Program where I am participating taken or omitted to be taken by any other volunteer and/or the homeowner which are determined to be grossly negligent or willful or wanton misconduct, and further excludes injury or death suffered by me as a direct cause and consequence of defectively manufactured materials, supplies, and/or equipment received from suppliers to the Program that are delivered to the site where I am participating in the Program. Notwithstanding the foregoing exclusions, this form constitutes a complete and unconditional waiver and release to RT-AFF and its employees, officers, directors and volunteers.

5. **VIDEO/AUDIO MATERIALS RELEASE.** I further consent to the unrestricted use by the Program and/or any person authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording of me created in connection with the Program.

6. **KNOWING AND VOLUNTARY EXECUTION:** I have carefully read this agreement and fully understand its contents. I am aware that this is a contract and a release of liability between myself and RT-AFF and the Program, and I sign it of my own free will. By signing this agreement, I certify that I am eighteen years of age or older or if I am under 18 years of age, I have delivered the written consent of my parent or guardian, below, to RT-AFF.

Executed in (City) _____, Virginia, on (date) _____

Volunteer Name: _____ Volunteer Signature: _____

Consent signature of parent/legal guardian for minors under eighteen years (no minors under 14).

(Must be accompanied by Authorization for participating minor release from liability and Medical treatment authorization for minor forms.)

Vol. Address: _____
Street City State Zip

Phone: _____ Email: _____

Please add me to your e-news and announcements. I would like to be contacted about projects during the year.

Witness: _____ Date: _____ Group: _____

**Complete prior to volunteer activities, keep on site during the workday and return to
Rebuilding Together-AFF, 10723 Main St, #135, Fairfax, VA 22030, (703) 528-1999 Fax: (703) 528-1197**

**REBUILDING TOGETHER
ARLINGTON/FAIRFAX/FALLS CHURCH, INC.**

**AUTHORIZATION FOR PARTICIPATING MINOR
RELEASE FROM LIABILITY (minors must be at least 14)**

(MUST BE ACCOMPANIED BY VOLUNTEER RELEASE FORM SIGNED BY PARENT)

Name of minor: _____

I represent and warrant to Rebuilding Together Arlington/Fairfax/Falls Church, Inc. ("RT-AFF") that I am the parent or legal guardian of the minor named above. The above named minor has my permission to participate in the RT-AFF program (the "Program").

On behalf of such minor and for myself/ourselves, I/We have signed a separate Volunteer's Agreement and Release From Liability form and hereby agree to all of the terms and conditions of the release and consent in regard to the minor as stated above and as made in that Volunteer's Agreement and Release From Liability.

I/We am/are aware that in participating in the Program, the above minor may be exposed to personal injury or death or damage to his/her property as a result of his/her activities, the activity of other volunteers, or the conditions under which the said minor's volunteer services are performed. With knowledge of these risks, the parents/guardians of the minor agree to accept any and all risks of personal injury, death or damage to his/her personal property, and I/We verify this statement by **placing my initials here** _____.

I/We, together with our child/children, have carefully read this agreement and fully understand its contents. I/We am/are aware that this is a limited release of liability between myself, said minor and RT-AFF and its Program and sign this of my/our own free will.

Executed (city) _____, Virginia, on _____.

parent/guardian (print)

address

parent/guardian (signature)

city state zip

name of minor (print)

telephone

name of minor (signature)

witness signature

**This form must be completed prior to any volunteer activities,
kept on site during the workday and returned by May 19, 2017 to
Rebuilding Together-AFF, 10723 Main St. #135, Fairfax, VA 22030, (703) 528-1999 Fax: (703) 528-1197**

REBUILDING TOGETHER
ARLINGTON/FAIRFAX/FALLS CHURCH, INC.
MEDICAL TREATMENT AUTHORIZATION FOR PARTICIPATING MINOR
 (Must be accompanied by Volunteer Agreement Release From and
 Authorization for Participating Minor Form – No minors under the age of 14)

Name of Minor: _____ (Please print)

I represent and warrant to Rebuilding Together Arlington/Fairfax/Falls Church, Inc. (RT-AFF) that I/We am/are the parent(s) or legal guardian(s) of the minor named above. The above named minor has my/our permission to participate in the RT-AFF program (the "Program"). On behalf of such minor and myself/ourselves I have signed a Volunteer Agreement and Release From Liability Form (the "Release") and hereby agree to all of the terms and conditions of the release.

In case of medical or dental emergency, I request that RT-AFF attempt to contact me at the telephone number set forth below. However, I hereby give permission to the physician or dentist selected by RT-AFF to hospitalize, treat, secure proper treatment for, and order injections, anesthesia or surgery for the minor named above. A copy of this permission form may be accepted by and treated by the physician or dentist as equivalent to the original permission form.

 Signature of Parent/Guardian _____
 Date

Phone _____

Address _____

1 Medical Insurance Carrier _____
 Policy Number _____

2 Family Doctor _____
 Address _____
 Phone _____

3 Family Dentist/Orthodontist _____
 Address _____
 Phone _____

4 Any Drug or Food Allergies _____

5 Limitation on Activities _____

6 If I cannot be reached, please contact _____
 Phone _____

**This form must be completed prior to any volunteer activities,
 kept on site during the workday and returned by May 19, 2017 to
 Rebuilding Together-AFF, 10723 Main Street, #135, Fairfax, VA 22030
 (703) 528-1999 Fax: (703) 528-1197**



Rebuilding Together.
Arlington/Fairfax/Falls Church

INCIDENT REPORT

(This report is due 24 hrs. after incident occurs.)

PROJECT NUMBER _____

Information on person completing the form:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Work Phone _____

Email _____

Did you witness the incident? (yes/no) _____

Information on the injured individual:

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell/Work Phone _____

Email _____

Date of Birth _____ Gender _____

Individual Injured is: Homeowner/Occupant of home Volunteer Staff

How and where did the injury occur (explain fully): _____

Describe injury: _____

Was this condition already present before you were injured? Yes No

When did the symptoms first appear? _____

Did you seek medical treatment? Yes No

If so, where and what treatment? _____

Please list any witnesses to the injury:

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Signature of person completing this form

Date

Call Rebuilding Together to report accident (703) 528-1999
Return this form to: Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
Fax: (703) 528-1197 or info@rebuildingtogether-aff.org

END OF DAY FORM

PROJECT NUMBER _____

TO: Rebuilding Together Arlington/Fairfax/Falls Church, Inc.

I/ We have inspected the repairs made to my/our home and I/ we acknowledge my/our entire and complete satisfaction with the repair work performed today on my/our home, at no charge by volunteers organized by Rebuilding Together Arlington/Fairfax/Falls Church, Inc. All mechanical, electrical and structural components are in the same or better condition after the completion of the work. I/ We have observed no damage or loss to any of my/our property or home.

I/We acknowledge and agree that none of the work performed is warranted or guaranteed in any way. I/We further acknowledge and agree not to hold Rebuilding Together Arlington/Fairfax/Falls Church, Inc. or any of the officers, employees and volunteers for these organizations liable for any defects in the work performed or injuries resulting therefrom.

I/We have read the foregoing and understand all the provisions contained therein.

Homeowner Signature

Print Name

Address

Date

Return this form by May 19, 2017 to:

Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
Phone: (703) 528-1999 Fax: (703) 528-1197 info@rebuildingtogether-aff.org



Rebuilding Together.
Arlington/Fairfax/Falls Church

HOMEOWNER FOLLOW-UP QUESTIONNAIRE 2017

Now that the big work day is over, we hope REBUILDING TOGETHER Arlington/Fairfax/Falls Church has made a difference in your home and that your experience with our volunteers was positive. Please take a few minutes to give us your feedback and suggestions. A self-addressed envelope is enclosed for you to return your completed survey to us. Thank you for your cooperation!

Homeowner Name _____

Address _____

Project Number _____

1. Why did you need these repairs done?

(Please check as many boxes that apply to you)

- My health situation changed and I need to adapt my home
- Change in family situation (e.g., relative moving in)
- Needed general repairs to maintain the condition of my home
- Needed critical repairs to correct health and safety risks
- Wanted to reduce my utility bills
- The County, City and/or homeowner association has cited a violation
- Other (please explain)

2. Do you feel safer and more secure living in your home?

- Yes No

3. Do you expect to be able to stay longer in your home?

- Yes No

4. What was the one thing done that made the biggest difference to you?

5. Considering Rebuilding Together relies primarily on volunteers to do the work, were you satisfied with the repairs completed?

- Yes No



HOUSE CAPTAIN FINAL REPORT
2017 REBUILDING TOGETHER

Please take a few minutes to complete this final report, adding whatever constructive comments/criticisms you may have, and mail it to **Rebuilding Together by May 19, 2017**. This information will help to improve our organization and services. Thank you in advance for your time.

1. **Project Number:** _____ **Homeowner:** _____
2. **Group Name:** _____
3. **House Captain:** _____

4. **What is your overall assessment of this past rebuilding event?** (10 being excellent)

1 2 3 4 5 6 7 8 9 10

5. **What if anything, could have made your project more successful?**

6. **What was the best part of your event?**

7. **How effective and informative was the House Captain's Meeting?** (10 being the most effective)

1 2 3 4 5 6 7 8 9 10 Did not attend _____

What would you do to make the meeting more effective:

8. **How effective and informative was the House Captain's Manual?** (10 being very informative)

1 2 3 4 5 6 7 8 9 10

Ideas to improve the House Captain Manual:

9. **How useful was the information you received on the homeowner and house?** (10 being most useful)

1 2 3 4 5 6 7 8 9 10

Comments and Suggestions:

10. **Did you take advantage of the Repair Specs called out in the Volunteer Scope of Work?**

Yes No. Please let us know what you like about them or why you don't use them as a reference.

11. Do you feel that your homeowner was an appropriate candidate for the program?

Yes No

Comments and Suggestions

12. How was your experience with the homeowner?

1 2 3 4 5 6 7 8 9 10

Comments and Suggestions:

13. Do you feel you had the information you needed to plan your work? Yes No

Comments and Suggestions:

14. What was the total number of skilled and unskilled volunteers who participated on your site? Professional volunteer is defined as a volunteer that performs a task that is part of their professional skill set – such as plumbers, carpenter, etc. Include the time you and other volunteers spent inspecting the home and purchasing supplies.

No. of House Captains _____	Total hours worked of all house captains _____
No. of professional labor _____	Total hours worked of donated prof. labor _____
No. of skilled workers _____	Total hours worked of all skilled volunteers _____
No. of unskilled/semi-skilled workers _____	Total hours worked of all unskilled vol. _____

Donated Materials – Please list the type of materials (in general) that your group contributed to your project including food, construction supplies etc. In addition, please indicate the value of this donation.

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

15. Please provide any additional comments (good news to share or areas to improve upon)

Due May 19, 2017 - Return this form to:

Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
Phone: (703) 528-1999 Fax: (703) 528-1197 info@rebuildingtogether-aff.org

LIST OF COMPLETED REPAIRS and HOME MODIFICATIONS

Group: _____ Project Number: _____
 Homeowner Name: _____

Use the Volunteer Scope of Work (VSOW) you were provided to report the recommended repairs you completed. Note any additional repairs made below:

Task __: _____

Task __: _____

Task __: _____

Task __: _____

Task __: _____

Task __: _____

Task __: _____

Task __: _____

Task __: _____

Task __: _____

Please indicate work not completed on Project Day at the above referenced site.

Scope of Work	Work Not Completed and Why
Task __:	
Task __:	
Task __:	

Due May 19, 2017 - Return to: Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
 Phone: (703) 528-1999 Fax: (703) 528-1197 info@rebuildingtogether-aff.org

PROJECT IMPACT SUMMARY REPORT

At the end of the job, note the impact your repairs have made for these 25 health and safety priorities. Fill in both the Before and After columns. For N/A responses, just enter a Yes. Any Priority your repairs have changed from a No to Yes gets a + in the Change column.

Rebuilding Together Health and Safety Priorities		Before	After	Change
		Y/N	Y/N	+
1	The homeowner has safe ingress and egress to the home			
2	The roof is watertight			
3	Rainwater is effectively shed and directed away from the structure			
4	Exterior walls have no gaps, cracks or holes larger than 1/8 inch			
5	Windows and exterior doors open and close, lock securely and seal well			
6	Home is free of live infestation of pests, and sources of attraction are removed			
7	The numerals in the property's street address are clearly visible from the street			
8	Working smoke detector is on each floor and in or near bedrooms to meet code			
9	A working CO detector protects home with gas appliances or attached garage			
10	A currently dated Class ABC fire extinguisher is available in or near the kitchen			
11	Water heaters, furnaces, and space heaters that produce CO exhaust outside			
12	No known electrical hazards are present, and kitchens and baths have GFCIs			
13	The homeowner has access to a working water heater, refrigerator and range			
14	The kitchen and bathrooms have an exhaust fan vented outside			
15	The homeowner has access to a working sink, toilet and bathtub or shower			
16	Modifications to toilets and tubs assist those who need help			
17	Grab bars are strategically placed for those at risk of falls			
18	Stairs and steps have secure handrails that meet occupants' needs			
19	Main rooms and stairs are free of tripping hazards			
20	Old filthy carpeting has been replaced, preferably with durable flooring			
21	Clothes dryer, if present, vents outside w/ metal duct and unobstructed airflow			
22	The homeowner can maintain the interior temperature in a comfortable range			
23	Main rooms and stairs have adequate lighting for occupants to move safely			
24	Interior paint and wall covering is intact			
25	The home is free of active water leaks and serious moisture problems			

Key: **Yes/No** columns show the status of each Priority before and after repairs have been completed. The **Change** column (+) highlights Priorities that our repairs have changed from No to Yes.

Due May 19, 2017 - Return to: Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
 Phone: (703) 528-1999 Fax: (703) 528-1197 info@rebuildingtogether-aff.org

REIMBURSEMENT FORM

To: Rebuilding Together-AFF

From: _____

Date: _____

Please attach receipts for reimbursement and complete the following:

Reimbursement Amount: \$ _____

Check should be written to: _____

Address Mailed to: _____

Phone Number: _____

Reimbursement For: _____

Group Name: _____

Project Number: _____

To Be Completed by Rebuilding Together

Billed To: _____

Date Check Requested: _____

RT-AFF Staff Approval _____

Due May 19, 2017 - Return to:

Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
Phone: (703) 528-1999 Fax: (703) 528-1197 info@rebuildingtogether-aff.org



DONATION FORM

Dear Supporter:

Please complete and return this donation form to Rebuilding Together-AFF and indicate the item(s) you donated and the estimated value of the item(s). Rebuilding Together Arlington/Fairfax/Falls Church, Inc. is a 501(C) (3) (non profit organization) and most materials and goods can be tax deductible, typically services cannot. Please always consult with your tax adviser. The information that you have provided will allow us to keep accurate records of in-kind donations and the information needed to forward to you an acknowledgment of your donation. Please attach receipts if appropriate.

DONOR INFORMATION

Name of donor: _____

Name or primary contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Rebuilding Together-AFF lists donor names and/or categories in its publications such as newsletter, annual report, website, brochure, fact sheet. Please give full or partial permission to include your donation in publications by selecting below

_____ You may include only my name.

_____ You may include my name and donation amount.

_____ Do not include any of my information as I wish the donation to be anonymous.

DONATED ITEM

Description of the donation with real or estimated value for each item:

How was the value determined? Actual Value Appraisal Other

If other, please explain: _____

Who made this value determination? _____

Is there a restriction on the use of this contribution? Yes No

If yes, what is the restriction? _____

Signature of donor

Date of donation

PROGRAM ACCOUNTING USE ONLY

Specific project or was general: _____ Date of letter: _____

Value of donation recorded: _____

Please Return by May 19, 2017 to:

Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030
Phone: (703) 528-1999 Fax: (703) 528-1197 info@rebuildingtogether-aff.org