

# FORMS & HANDOUTS

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## FORMS CHECKLIST

**DUE NO LATER THAN MONDAY APRIL 1, 2024**

☐ **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/nonprofit, create a preliminary list of repairs and modifications your team anticipates completing. Discuss these items with the homeowner/nonprofit 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.

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 will be given to you with your assignment. Please do your best to estimate the cost of the various task(s). RT-AFF will consider adjusting the budget if needed to complete critical repairs. Once approved, RT-AFF will mail Home Rebuilder teams store cards to purchase materials at Home Depot and Lowe's. (Starting Thursday April 4)

☐ **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.

☐ **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 each page of the *Order Form* and include the group name and project number. All supplies ordered on this list will be available for pick up at Rebuilding Together-AFF on Friday, April 26, 2024. Please contact RT-AFF at (703) 528-1999 to schedule a pick-up time.

☐ **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 15, 2024**

☐ **PROFESSIONAL SERVICES AND ADDITIONAL VOLUNTEERS 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 22, 2024**

☐ **HOMEOWNER AGREEMENT AND RELEASE FROM AND END OF DAY**

As the house captain it is your responsibility to sit down with the homeowner/nonprofit to explain and review this form prior to any work being started. Please 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 can complete. ***After the owner has signed part 1 of this form, provide a copy to RT-AFF and the homeowner.***

Part 2 – End of Day Section should be signed by the homeowner(s) once all work has been completed provide the signed form (Part 1 & 2) to RT-AFF no later than May 20, 2024.

**FORMS THAT MUST BE SIGNED BEFORE PROJECT WORK-DAY Saturday APRIL 27**

***Completed forms due to RT-AFF no later than Monday, May 20, 2024***

☐ **VOLUNTEER'S AGREEMENT AND RELEASE FROM LIABILITY - ADULT**

Please have all adult volunteers complete and sign this form prior to any volunteer activities. Volunteers are not allowed to work until this form has been completed. Keep completed forms on hand during the workday for reference.

☐ **VOLUNTEER'S AGREEMENT AND RELEASE FROM LIABILITY – MINOR (AT LEAST 14 YEARS OLD)**

The minor and parent/guardian of a minor must complete and sign this form prior to any volunteer activities. Minors are not allowed to work until this form has been completed. Keep completed forms on hand during the workday for reference.

☐ **MEDICAL TREATMENT AUTHORIZATION FOR PARTICIPATING MINOR (AT LEAST 14 YEARS OLD)**

In addition to the Volunteer's Agreement and Release From Liability Form - Minor, parents/guardians must complete and sign this form for minors 14 and older prior to any volunteer activities. Keep completed form on hand during the workday 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 20, 2024***

☐ **HOMEOWNER FOLLOW-UP QUESTIONNAIRE**

At the end of the workday, 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.

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

☐ **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**

List the completed repairs and modifications your team completed. Indicate any work that you feel is vital 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 any N/A responses, enter a Yes. Any priorities that have changed from a No to Yes gets a (+) in the Change column.

☐ **REIMBURSEMENT FORM**

For Home Rebuilder partners, 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 appropriate 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 early April. Track all purchases made by your group on this sheet (or on a spreadsheet) and attach receipts. Please remember that all items purchased with cash, personal credit card or RT-AFF issued cards must be tracked. Please return the budget tracking sheet (or spreadsheet), receipts and all RT-AFF issued cards.

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

## PRELIMINARY WORK SCOPE

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

	<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 April 1, 2024 - Return to:

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



Arlington County

## Lead-Based Paint Disturbance Form

Was the house built prior to January 1, 1978? ☐ YES ☐ NO

Indicate if you will disturb paint or a coated surface, the size of disturbance in each room, whether that number exceeds 2sq.ft per room in interior rooms or 20sq.ft total on the exterior, and the exact location of the disturbance. Also 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 2sq. 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 20sq. ft for exterior?		
Exterior					

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Project # \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_



Fairfax County, City of Fairfax and Falls Church

## Lead-Based Paint Disturbance Form

Was the house built prior to January 1, 1978? ☐ YES ☐ NO

Indicate if you will disturb paint or a coated surface, the size of disturbance in each room, whether that number exceeds 6sq.ft per room in interior rooms or 20sq.ft total on the exterior, and the exact location of the disturbance. Also 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 20sq. ft for exterior?		
Exterior					

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

Fax: (703) 528-1197 ♦ E-mail: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) ♦ Phone: (703) 528-1999

## ACCESSIBILITY and SAFETY PRODUCTS AVAILABLE THROUGH REBUILDING TOGETHER

House Captains: Order the accessibility and safety products you are willing to install. You can order the following items from the Supply *Order Form* available in the House Captain's Manual in the Forms section.

### Dryer Wall Vent – [www.dryerwallvent.com](http://www.dryerwallvent.com)

Product Number 420



This durable enclosure meets or exceeds code requirements for safe dryer venting. 26-gauge galvanized steel body with powder coating ensures a long duty life. Clean lines make a nice aesthetic contribution to every home.

### Flexible Dryer Duct Connector

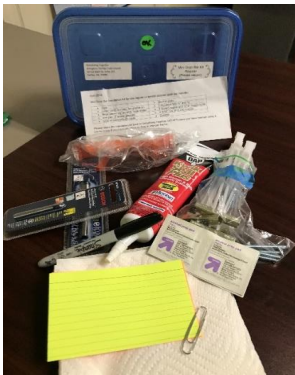
Product Number 421



Superior flexible dryer duct to be used as a transition from the dryer to the rigid metal.

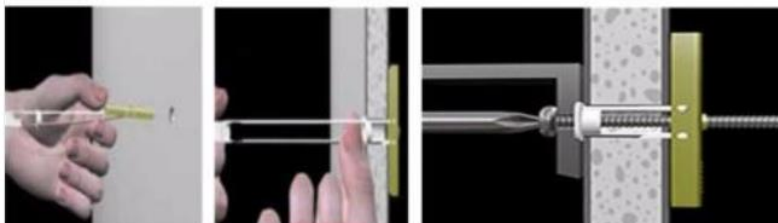
### Mini Grab Bar Kit

Product Number 500



Mini Grab Installation Kit for one regular or special purpose grab bar includes:

- alcohol pads
- 8" coat hanger wire "hole tester"
- one pair of safety glasses
- tube of silicone caulk
- 2 - tile/glass drill bits 1/8" and 1/2"
- 5 - 3/16" snap toggles
- 5 - 3" #10-24 machine screws
- 8" 1/2" wood dowel





## REGULAR GRAB BARS

Product Numbers 502 – 506

Grab bars provide extra security in the bathtub for that first slippery step. Installed properly, good-quality grab bars are specifically manufactured to hold up to 250 pounds, giving you security and safety in your shower or tub.



## Toilet Safety Rail

Product #600



## Shower Stool

Product #601



### PROJECT SUPPLY KIT

*These items are supplied by Rebuilding Together–AFF to all project team leaders*

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Protective Masks: dust, surgical &amp; KN95 (5 of each)</li> <li>• Nitrile or Latex Gloves (10 pair)</li> <li>• Protective Eyeware (5 pair)</li> <li>• Ear Plugs (3 pair)</li> <li>• Hand Soap</li> <li>• Sanitizer</li> </ul> | <ul style="list-style-type: none"> <li>• First Aid Kit</li> <li>• Paper Towels</li> <li>• Garbage Bags: kitchen(5), construction (3)</li> <li>• Shoe Covers (5 pair)</li> <li>• Tape (Duct &amp; Blue Painter's) – <i>name tags etc.</i></li> <li>• Sharpies/Pens</li> </ul> |
|---|--|

### IMPORTANT PAPERWORK

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Emergency Addresses &amp; Telephone Numbers</li> <li>• Volunteer Agreements :             <ul style="list-style-type: none"> <li>• Adult</li> <li>• Minor &amp; Medical Treatment Authorization</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Volunteer Attendance Log</li> <li>• Safety Briefing Notes</li> <li>• Safety Volunteer Checklist</li> <li>• Think Safety! Poster</li> </ul> |
|---|---|

**SUPPLY ORDER FORM 2024**

These items will be ordered by Rebuilding Together and  
Available for pick up Friday, April 26, 2024

UNITS NEED (Quantity)	PRODUCT NUMBER	PRODUCT CATEGORY/NAME ITEM	UNIT SIZE
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**T-SHIRTS AND SIGNS**

	100	T-Shirt	SMALL
	101	T-Shirt	MEDIUM
	102	T-Shirt	LARGE
	103	T-Shirt	X-LARGE
	104	T-Shirt	XX-LARGE
	105	T-Shirt	XXX-LARGE
	200	T-Shirt (House Captain)	SMALL
	201	T-Shirt (House Captain)	MEDIUM
	202	T-Shirt (House Captain)	LARGE
	203	T-Shirt (House Captain)	X-LARGE
	204	T-Shirt (House Captain)	XX-LARGE
	205	T-Shirt (House Captain)	XXX-LARGE
	301	Large Rebuilding Together House Sign	EACH
	302	Smaller Rebuilding Together Direction Sign	EACH

**DRYER FLAPPER / DUCT CONNECTOR**

	420	Dryer Wall Vent Flapper Heavy Gauge Galvanized Steel	EACH
	421	Flexible Dryer Duct Connector 24" heavy gauge metal	EACH

**GRAB BARS AND KITS**

	500	Grab Bar Kit (includes 5-3/16" Snaptoggles)	EACH
	502	12 Inch - Stainless Steel Grab Bar	EACH
	503	16 Inch - Stainless Steel Grab Bar	EACH
	504	24 Inch - Stainless Steel Grab Bar	EACH
	505	32 Inch - Stainless Steel Grab Bar	EACH
	506	48 Inch - Stainless Steel Grab Bar	EACH

**TOILET SAFETY RAILS/SHOWER STOOLS**

	600	Toilet Safety Rail	EACH
	601	Shower Stool	EACH

Project #: \_\_\_\_\_

Group Name \_\_\_\_\_

Homeowner \_\_\_\_\_

UNITS NEED (Quantity)	PRODUCT NUMBER	PRODUCT CATEGORY/NAME ITEM	UNIT SIZE
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**PROTECTIVE GEAR and SUPPLIES**

	801	Coveralls (One size fits all)	EACH
	803	Disposable Earplugs	PAIR
	804	Disposable Hepa Respirator	EACH
	805	Dust Mask	EACH
Included in Project Supply Kit	806	First Aid Kit	KIT
	807	Head Covers (Bonnets)	EACH
	810	Safety Glasses	EACH
	811	Shoe Covers (Booties)	PAIR
	813	Disposable Nitrile Gloves - Latex Rubber Free -- LARGE	PAIR
	814	Disposable Nitrile Gloves - Latex Rubber Free -- EXTRA LARGE	PAIR

**Due April 1, 2024 - Return to:**

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

Fax: (703) 528-1197 ♦ E-mail: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) ♦ Phone: (703) 528-1999

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

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

Homeowner: \_\_\_\_\_

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

Contact Name & Phone No: \_\_\_\_\_

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.

**Indicate if your team requires the following, the order in which these items should be**

--

**delivered and if needed by a certain date.**

Date: Ordered Needed

- ☐ Port-a-john, if so, how many \_\_\_\_\_
- ☐ Dumpster -15 & 20 yd<sup>3</sup>  
(No mattresses, couches, concrete, tires or yard waste) \_\_\_\_\_
- ☐ Special Trash Pick-Up (by private company) \_\_\_\_\_

*Don't forget a great alternative is to use a Bagster - 3 yd<sup>3</sup>  
If you need more than two a dumpster is more economical*

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.

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**Due April 1, 2024 – Return to:**

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Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

**PROFESSIONAL SERVICES & ADDITIONAL VOLUNTEERS  
REQUEST FORM  
Rebuilding Together**

**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 – Saturday, April 27, 2024      Time: \_\_\_\_\_

☐ Other Dates: \_\_\_\_\_      Time: \_\_\_\_\_

Describe the number and skill type of volunteers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Due April 15, 2024 – Return to:**

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

Fax: (703) 528-1197 ♦ E-mail: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) ♦ Phone: (703) 528-1999



## HOMEOWNER AGREEMENT AND RELEASE

### **PART I: Complete this section before the work is started – signed copy to RT-AFF by 4/22/2024.**

Acknowledgment and Release for Rebuilding Together Arlington/Fairfax/Falls Church

In consideration that some home repairs and renovations 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 employees, volunteers, agents and contractors) to enter my/our home at the address above (the "Premises") on \_\_\_\_\_ and those other days as may be agreed upon as necessary in order to perform certain repair and renovation work as noted below (the "Work").

**In consideration of the Work to be performed by RT-AFF at 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, for myself/ourselves, and my/our successors assignees, heirs, guardians and legal representatives, hereby irrevocably and unconditionally: (a) agree to accept the Work "as is" and except as stated below, waive all statutory or common law implied or express warranties of any kind; (b) waive and release any and all claims for personal injury, illness, contraction of infectious diseases, such as COVID-19, death or damage to property that arise from or are related to the Work (collectively, the "Released Claims") against RT-AFF, Rebuilding Together, Inc., Arlington County, Fairfax County, and all of their respective officers, directors, contractors, agents and volunteers, any financial or in-kind sponsor, including governmental and non-governmental funding sources, and any supplier of any materials or equipment used at the Premises (collectively, the "Released Parties"); and (c) agree not to assert or prosecute (or assist any other person or entity in asserting or prosecuting) any Released Claim against any of the Released Parties. I/We understand and agree that no Released Party assumes any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health and/or life insurance with respect to any Released Claim. Notwithstanding anything contained in this paragraph to the contrary, this release specifically excludes the acts of any volunteer which is determined to be grossly negligent or was done willfully and wantonly, and further excludes claims against manufacturers or suppliers for injury or death suffered by me/us as a direct cause and consequence of defectively manufactured materials, supplies, and/or equipment.**

I/We understand and affirm the following:

1. I/We will not be charged for the Work \_\_\_\_\_ (initial).
2. It is my/our intention to remain in my/our home, barring illness and financial constraints that might make it necessary for me/us to move, for a minimum of two years after completion of the Work \_\_\_\_\_ (initial).
3. The labor will be performed by skilled & unskilled volunteers and contractors, as needed \_\_\_\_\_ (initial).
4. None of the Work done is warranted or guaranteed \_\_\_\_\_ (initial).
5. No alcoholic beverages will be consumed when volunteers are at the Premises \_\_\_\_\_ (initial).
6. I/We grant and convey to RT-AFF all right, title and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by RT-AFF in connection with my making repairs or renovations to the Premises and consent to RT-AFF's unrestricted use of such materials in connection with the Work \_\_\_\_\_ (initial).
7. I/We understand that if I/we or any family member disrupt the work of volunteers or fail to follow the Worksite Safety Protocols, RT-AFF will not continue to perform repairs \_\_\_\_\_ (initial).
8. 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 repairs listed below will be performed \_\_\_\_\_ (initial).

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_
- f. \_\_\_\_\_
- g. \_\_\_\_\_
- h. \_\_\_\_\_
- i. \_\_\_\_\_
- j. \_\_\_\_\_
- k. \_\_\_\_\_

I/We have read (or had read to me/us) and do thoroughly understand all of the provisions contained herein including the release set forth in bolded language above and by my/our signatures here below do affirm the above.

\_\_\_\_\_  
Homeowner #1 Signature

\_\_\_\_\_  
Homeowner #2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PART II. Sign this portion after the work has been completed - END OF DAY**

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 and/or contractors 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 have read the foregoing and understand all the provisions contained therein.

\_\_\_\_\_  
Homeowner #1 Signature

\_\_\_\_\_  
Homeowner #2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Return Part 1 signed by April 22, and both Part 1 and 2 signed by May 20, 2024 to:**

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

Fax: (703) 528-1197 ♦ E-mail: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) ♦ Phone: (703) 528-1999



## Rebuilding Together Arlington/Fairfax/Falls Church, Inc.

### 2024 VOLUNTEER'S AGREEMENT AND RELEASE FROM LIABILITY – ADULT

This Volunteer's Agreement and Release of Liability (this "Agreement and Release") is executed by the undersigned volunteer as of the date indicated below in favor of Rebuilding Together Arlington/Fairfax/Falls Church, Inc. and Rebuilding Together, Inc.

Please carefully read each section of this Agreement and Release and sign and date this Agreement and Release where indicated (or confirm your acceptance of this Agreement and Release, if it is completed electronically). Your signature below, or electronic confirmation (if this Agreement and Release is completed electronically) constitutes your irrevocable and unconditional consent to the terms hereof. Failure to sign and date this Agreement and Release or confirm electronically (if this Agreement and Release is completed electronically) will make you ineligible to participate as a volunteer.

1. **VOLUNTARY PARTICIPATION:** I acknowledge that I have voluntarily applied to participate in activities conducted by Rebuilding Together Arlington/Fairfax/Falls Church, Inc.'s ("RT-AFF") in which the homes of low-income persons, nonprofit facilities serving people in need and community spaces will be repaired or renovated by volunteers (skilled and unskilled) (the "Program"). I understand that as a volunteer I will not be paid for my services, will receive no benefits, and am responsible for my own insurance coverage in the event of personal injury or illness arising from my volunteer services. I agree to refrain from sexual harassment, consisting of, but not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. I further agree that my participation in the Program may be terminated at any time by RT-AFF, any sponsorship group to which I may belong, or by me.
2. **ASSUMPTION OF RISK:** I am aware that by participating in the Program, I may be exposed to personal injury, illness, death or damage to my property as a result of my activities, the activities of other volunteers or the conditions under which my volunteer services are performed. I further understand and agree that by participating in the Program, that I may become exposed to viruses, such as COVID-19, infectious diseases, and potentially biological and chemical hazards unique to the specific project I am working on including, but not limited to, exposure to mold, mold spores, and chemicals used in the treatment and removal of mold and mold spores, and that exposure to mold and mold spores carries with it certain risks including, but are not limited to: allergic reactions, irritation associated with volatile organic compounds (VOCs), invasive disease, and mycotoxicosis. I acknowledge that (a) these risks are increased if I am elderly or suffer from immune system deficiencies due to disease, chemotherapy, or other causes, (b) infants are also susceptible to increased risks, and (c) I should make every effort to avoid exposing family members to contaminated clothing or tools. With knowledge of these risks, I agree to accept any and all risks of personal injury, illness, death or damage to my property related to or arising out of my participation in the Program. I further agree to comply with any applicable protocol, rule or directive (including any protocols related to infectious diseases such as the coronavirus) and assume the complete risk of any activity done (or not done) by me in violation of any applicable protocol, rule or directive.
3. **RELEASE:** In consideration of the opportunity afforded me to participate in the Program, I, on behalf of myself and my successors, assignees, heirs, guardians and legal representatives, hereby irrevocably and unconditionally (a) waive and release any and all claims for personal injury, illness, death or damage to property and any and all claims that arise on account of any first aid, treatment or service rendered to me, in each case, related to or arising out of my participation in the Program (collectively, the "Released Claims") against Rebuilding Together Arlington/Fairfax/Falls Church, Inc., Rebuilding Together, Inc., Arlington County, Fairfax County, and all of their respective officers, directors, contractors, agents and volunteers, any financial or in-kind sponsor of the Program, including governmental and non-



Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

governmental funding sources, any supplier of any materials or equipment that is used in the Program, any other volunteer or service recipient participating in the Program or any recipient of the benefits of the Program (collectively, the “Released Parties”); and (b) agree not to assert or prosecute (or assist any other person or entity in asserting or prosecuting) any Released Claim against any Released Party. I understand and agree that no Released Party assumes any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health and/or life insurance with respect to any Released Claim. Notwithstanding anything contained in this Paragraph 3 to the contrary, the release specifically excludes the act of any other volunteer and/or the homeowner which is determined to be grossly negligent or was done willfully and wantonly, and further excludes claims against manufacturers or suppliers for 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.

4. **VIDEO/AUDIO MATERIALS RELEASE:** I grant and convey to RT-AFF all right, title and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by RTAFF in connection with my providing volunteer services in the Program and consent to RT-AFF’s unrestricted use of such materials in connection with the Program.
5. **GOVERNING LAW AND SEVERABILITY:** I (a) acknowledge that this Agreement and Release is intended to be interpreted as broadly and inclusively as permitted by the laws of the Commonwealth of Virginia, (b) agree that this Agreement and Release shall be governed by the internal laws of the Commonwealth of Virginia, and (c) agree that if any clause or provision of this Agreement and Release is 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.
6. **KNOWING AND VOLUNTARY EXECUTION:** I have carefully read and understand this Agreement and Release and any questions of mine have been answered. I am aware that this is a contract and a release of liability between myself and the Released Parties. I have signed this Agreement and Release voluntarily and of my own free will. I certify that I am eighteen years of age or older. I agree that this Agreement and Release governs all my volunteer activities with RT-AFF during the calendar year 2024 and that I will be required to sign a new Agreement and Release if I intend to volunteer for any succeeding years.

Executed in (City) \_\_\_\_\_, Virginia, on (date) \_\_\_\_\_

Volunteer Name \_\_\_\_\_ Signature \_\_\_\_\_

Volunteer Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of Group you are volunteering with (if any) \_\_\_\_\_

- ☐ Please add me to your e-news and announcements
- ☐ I would like to be contacted about volunteer opportunities during the year

**This form must be completed prior to volunteer activities, given to the team leader and returned to:**

Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030  
Email PDF to: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) or call 703-528-1999 for additional information



**Rebuilding Together.**  
Arlington/Fairfax/Falls Church

**Rebuilding Together Arlington/Fairfax/Falls Church, Inc.**  
**2024 VOLUNTEER'S AGREEMENT AND RELEASE FROM LIABILITY – MINOR**  
(AT LEAST 14 YEARS OLD)  
**Please complete the Medical Treatment Authorization Form**

This Volunteer's Agreement and Release of Liability (this "Agreement and Release") is executed by the undersigned volunteer as of the date indicated below in favor of Rebuilding Together Arlington/Fairfax/Falls Church, Inc. and Rebuilding Together, Inc.

Please carefully read each section of this Agreement and Release and sign and date this Agreement and Release where indicated (or confirm acceptance of this Agreement and Release, if it is completed electronically). Your signature below, or electronic confirmation (if this Agreement and Release is completed electronically) constitutes your irrevocable and unconditional consent to the terms hereof. Failure to sign and date this Agreement and Release or confirm electronically (if this Agreement and Release is completed electronically) will make you ineligible to participate as a volunteer.

**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 Project with the Group Named above.

- VOLUNTARY PARTICIPATION:** I acknowledge on behalf of myself and the named Minor, that the Minor has voluntarily applied to participate in activities conducted by Rebuilding Together Arlington/Fairfax/Falls Church, Inc.'s ("RT-AFF") in which the homes of low-income persons, nonprofit facilities serving people in need and community spaces will be repaired or renovated by volunteers (skilled and unskilled) (the "Program"). We understand that as a volunteer the Minor will not be paid for the services provided, will receive no benefits, and is responsible their own insurance coverage in the event of personal injury or illness arising from our volunteer services. The Minor agrees to refrain from sexual harassment, consisting of, but not limited to, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. We further agree that the Minor's participation in the Program may be terminated at any time by RT-AFF, any sponsorship group to which we belong, the Minor or myself.
- ASSUMPTION OF RISK:** We are aware that by participating in the Program the Minor may be exposed to personal injury illness or death, damage to the Minor's own property as a result of the Minor's participation, the activities of other volunteers, or the conditions under which the Minor's volunteer services are performed. We further understand and agree that by participating in the Program, that the Minor may become exposed to viruses, such as COVID-19, infectious diseases, and potentially biological and chemical hazards unique to the specific project being worked on including, but not limited to, exposure to mold, mold spores, and chemicals used in the treatment and removal of mold and mold spores, and that exposure to mold and mold spores carries with it certain risks including, but are not limited to: allergic reactions, irritation associated with volatile organic compounds (VOCs), invasive disease, and mycotoxicosis. We acknowledge that (a) these risks are increased if the Minor suffers from immune system deficiencies due to disease, chemotherapy, or other causes, (b) infants are also susceptible to increased risks, and (c) the Minor should make every effort to avoid exposing family members to contaminated clothing or tools. With knowledge of these risks, we agree to accept any and all risks of personal injury, illness, death or damage to my property related to or arising out of the Minor's participation in the Program. We further agree to comply with any applicable protocol, rule or directive (including any protocols related to infectious diseases such as the coronavirus) and assume the complete risk of any activity done (or not done) by the Minor in violation of any applicable protocol, rule or directive.

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

3. **RELEASE:** In consideration of the opportunity afforded the Minor to participate in the Program, we hereby agree, on behalf of ourselves and our successors, assignees, heirs, guardians and legal representatives, hereby irrevocably and unconditionally (a) waive and release any and all claims for personal injury, illness, death or damage to property and any and all claims that arise on account of any first aid, treatment or service rendered to the Minor, in each case, related to or arising out of participation in the Program (collectively, the "Released Claims") against Rebuilding Together Arlington/Fairfax/Falls Church, Inc., Rebuilding Together, Inc., Arlington County, Fairfax County, and all of their respective officers, directors, contractors, agents and volunteers, any financial or in-kind sponsor of the Program, including governmental and non- governmental funding sources, any supplier of any materials or equipment that is used in the Program, any other volunteer or service recipient participating in the Program or any recipient of the benefits of the Program (collectively, the "Released Parties"); and (b) agree not to assert or prosecute (or assist any other person or entity in asserting or prosecuting) any Released Claim against any Released Party. We understand and agree that no Released Party assumes any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health and/or life insurance with respect to any Released Claim. Notwithstanding anything contained in this Paragraph 3 to the contrary, the release specifically excludes the act of any other volunteer and/or the homeowner which is determined to be grossly negligent or was done willfully and wantonly, and further excludes claims against manufacturers or suppliers for injury or death suffered by the Minor 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.
4. **VIDEO/AUDIO MATERIALS RELEASE:** We grant and convey to RT-AFF all right, title and interest in any and all photographs, images, video, or audio recordings of the Minor or the Minor's likeness or voice made by RTAFF in connection with my providing volunteer services in the Program and consent to RT-AFF's unrestricted use of such materials in connection with the Program
5. **GOVERNING LAW AND SEVERABILITY:** We (a) acknowledge that this Agreement and Release is intended to be interpreted as broadly and inclusively as permitted by the laws of the Commonwealth of Virginia, (b) agree that this Agreement and Release shall be governed by the internal laws of the Commonwealth of Virginia, and (c) agree that if any clause or provision of this Agreement and Release is 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.
6. **KNOWING AND VOLUNTARY EXECUTION:** I have carefully read and understand this Agreement and Release and any questions of mine have been answered. I am aware that this is a contract and a release of liability between myself and the Released Parties and the Program which binds the Minor and me. I have signed this Agreement and Release voluntarily and of my own free will. I certify that the Minor is fourteen years of age or older.

Executed in (City) _____, Virginia, on (date) _____			
Minor Name _____		Minor's Signature _____	
Parent/Guardian Name _____		Parent/Guardian's Signature _____	
Parent/Guardian Address _____			
Street _____		City _____	State _____ Zip code _____
Phone _____		Email: _____	
Witness _____	Date _____	Group _____	

**This form must be completed prior to any volunteer activities and given to the team leader, kept on site during the work day and returned to:**

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

Email PDF to: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) or call 703-528-1999 for additional information

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

**Rebuilding Together Arlington/Fairfax/Falls Church, Inc.**  
**MEDICAL TREATMENT AUTHORIZATION FOR PARTICIPATING MINOR**  
 (at least 14 years old)

(Must be accompanied by Volunteer Agreement and Release from Liability – Minor)

**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 – Minor (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.

Name of Parent/Guardian (Please print) \_\_\_\_\_ Signature \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

1 Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

2 Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3 Family Dentist/Orthodontist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

4 Any Drug or Food Allergies: \_\_\_\_\_

5 Limitation on Activities: \_\_\_\_\_

6 If I cannot be reached contact: Phone:

**This form must be completed prior to any volunteer activities, given to the team leader, kept on site during the work day and returned to**

Rebuilding Together-AFF, 10723 Main St, #135, Fairfax, VA 22030

Email PDF: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) or call (703) 528-1999 for additional information

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_



## INCIDENT REPORT

(This report is due no later than 24 hours after incident occurs.)

### Information on person completing the form:

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Did you witness the incident? ☐ Yes ☐ No

### Information on the injured individual:

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

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ M ☐ F

Individual Injured is: ☐ Homeowner/Occupant of home ☐ Volunteer ☐ Staff

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

Describe the 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 incident at (703) 528-1999**

**Return this form to:** Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030

Fax: (703) 528-1197 E-mail: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org)

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_



## HOMEOWNER FOLLOW-UP QUESTIONNAIRE

We hope the repairs that volunteers from REBUILDING TOGETHER Arlington/Fairfax/Falls Church made are making a big difference for you and your home. 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 feedback!

Homeowner Name \_\_\_\_\_

Address \_\_\_\_\_

**1. Why did you need these repairs done?**

(Please check as many boxes that apply to you)

- ☐ I needed general repairs to maintain the condition of my home
- ☐ I needed critical repairs to correct health and safety risks
- ☐ I wanted to continue to live in my home as long as I am able
- ☐ I wanted to reduce the risk of falling
- ☐ I wanted to reduce my utility bills
- ☐ The County, City and/or homeowner association had 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 remain in your home longer?** ☐ Yes ☐ No

**4. Do you feel you are at lower risk of falling in your home?** ☐ Yes ☐ No

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

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**6. Considering Rebuilding Together relies primarily on volunteers to do the work, were you satisfied with the repairs completed?** ☐ Yes ☐ No

**7. How was your experience with the House Captain or Team Leader?**

- ☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

8. Are there repairs that the volunteer team was unable to perform, because of time or degree of difficulty, that are still needed? ☐ Yes ☐ No

If yes, please explain.

---

9. On a scale of 1 to 10, how would you rate your overall experience with Rebuilding Together?

<i>Not Satisfied</i>				<i>Satisfied</i>		<i>Very Satisfied</i>			
1	2	3	4	5	6	7	8	9	10

10. Please use this space to add any comments or suggestions.

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If you know of someone in Northern Virginia who would benefit from the Rebuilding Together services, please list their name and address so we can mail them an application and a brochure – and please pass along the enclosed flyer to them. Thanks for helping us spread the word.

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***Thank you!***

***Rebuilding Together is a nonprofit organization so donations are always greatly appreciated.  
Even a small donation will help others in need of critical home repairs.***

**Due May 20, 2024 - Return this form to:**

Rebuilding Together-AFF, 10723 Main St, Suite 135, Fairfax, VA 22030  
Fax: (703) 528-1197 ♦ E-mail: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) ♦ Phone: (703) 528-1999

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_



## HOUSE CAPTAIN FINAL REPORT

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 20, 2024**. This information will help to improve our organization and services. Thank you in advance for your time.

1. **House Captain:** \_\_\_\_\_

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

1    2    3    4    5    6    7    8    9    10

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

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

5. **How useful was the information you received on the homeowner and house?**

Least

Most

1    2    3    4    5    6    7    8    9    10

Comments and Suggestions:

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

☐ Yes    ☐ No

Comments and Suggestions:

7. **How was your experience with the homeowner?** (10 being excellent)

1    2    3    4    5    6    7    8    9    10

Comments and Suggestions:



Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

**8. Do you feel you had the information you needed to plan your work?**

☐ Yes ☐ No

Comments and Suggestions:

**9. What was the total number of skilled and unskilled volunteers who participated on your site?** Professional/skilled 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, planning, purchasing supplies, performing repairs and attending meetings/trainings.

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 vols. \_\_\_\_\_

**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.

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

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

**Due May 20, 2024 - Return this form to:**

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

Fax: (703) 528-1197 ♦ E-mail: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) ♦ Phone: (703) 528-1999

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

### LIST OF COMPLETED REPAIRS and HOME MODIFICATIONS

List the repairs/ modifications your team was able to complete:

Task \_\_: \_\_\_\_\_

Task \_\_: \_\_\_\_\_

Task \_\_: \_\_\_\_\_

Task \_\_: \_\_\_\_\_

Task \_\_: \_\_\_\_\_

Task \_\_: \_\_\_\_\_

Task \_\_: \_\_\_\_\_

Task \_\_: \_\_\_\_\_

Please indicate work not completed on Project Day at the above referenced site that you think is necessary for health and safety.

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

**Due May 20, 2024 - Return to:**

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

Fax: (703) 528-1197 ♦ E-mail: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) ♦ Phone: (703) 528-1999

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

## PROJECT IMPACT SUMMARY REPORT

At the start of the project, note the status of the 25 health and safety priorities. At the end, note the impact your repairs and home modifications have made against these priorities. For unknown status and N/A responses, just enter a Yes. Any Priorities that have changed from a No to Yes get a + in the Change column.

Rebuilding Together Health and Safety Priorities		Before	After	Change
		Y/N	Y/N	+
1	Residents can safely enter and leave 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/holes that allow intrusion of moisture/pests			
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	A working smoke detector is on each floor and in or near bedrooms			
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 and space heating appliances that produce CO exhaust outside			
12	No known electrical hazards are present, and kitchens and baths have GFCIs			
13	Residents have access to a working water heater, refrigerator and range			
14	The kitchen and bathrooms have an exhaust fan vented outside			
15	Residents have access to a working sink, toilet and bathtub or shower			
16	Residents who need help bathing/toileting have appropriate bathroom mods			
17	Residents at risk of falls have grab bars well located and securely fastened			
18	Stairs and steps have secure handrails that meet residents' needs			
19	Main rooms and stairs are free of tripping hazards			
20	Carpeting that creates a health and safety hazard has been replaced			
21	Clothes dryer, if present, vents outside w/ metal duct and unobstructed airflow			
22	Residents can maintain the interior temperature in a comfortable range			
23	Lighting is adequate for daily tasks and crossing rooms/stairs/entrances			
24	Interior paint, wall covering and drywall is intact			
25	The home is free of active water leaks and serious moisture/mold problems			

**Due May 20, 2024 - Return to:** Rebuilding Together-AFF, 10723 Main Street, Suite 135, Fairfax, VA 22030  
 Fax: (703) 528-1197 ♦ E-mail: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) ♦ Phone: (703) 528-1999

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_

## REIMBURSEMENT FORM

To: Rebuilding Together-AFF

Date: \_\_\_\_\_

From: \_\_\_\_\_

**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/Name: \_\_\_\_\_

### To be completed by RT-AFF Finance

Account	Amount	Description	Class	Donor	Project
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Date check requested \_\_\_\_\_

Staff approval \_\_\_\_\_

Date posted \_\_\_\_\_

### Due May 20, 2024 - Return to:

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

Project #: \_\_\_\_\_ Group Name \_\_\_\_\_ Homeowner \_\_\_\_\_



## 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 no later than May 20, 2024 to:**

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

Fax: (703) 528-1197 ♦ E-mail: [info@rebuildingtogether-aff.org](mailto:info@rebuildingtogether-aff.org) ♦ Phone: (703) 528-1999