



333 Cedine Camp Rd
Spring City, TN 37381
423-365-9565

Website www.cedine.org
Email kim@cedine.org

APPLICATION/AGREEMENT for volunteer work:

Name & age (or age group) _____

Street _____

City _____ State _____ Zip _____

Phone: Home _____ Business _____ Cell _____

Email _____ Church _____

Dates you would like to volunteer _____

Number in your family who will be attending: Adults _____

Children (include ages) _____

Please indicate (For a couple - H for husband, W for wife) that in which you are skilled and are willing to do:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Cooking | <input type="checkbox"/> Data entry |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Roofing | <input type="checkbox"/> Kitchen help | <input type="checkbox"/> Envelope stuffing |
| <input type="checkbox"/> Concrete | | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Printing |
| <input type="checkbox"/> Dry wall | <input type="checkbox"/> Grounds care | | |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Landscaping | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Computer repair |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Mechanical/vehicle | | |
| <input type="checkbox"/> Organizing maintenance supplies | Other _____ | | |

Check one: I like to work alone We like to work together
 I like to work with others No preference

NOTE: Individual adult volunteers and volunteer work groups are offered room and food (when the dining room is open) at no charge. It is to be understood that Cedine does not provide volunteers with any primary medical insurance. In addition, worker's compensation insurance does not cover volunteers since insurance premiums are paid on the basis of wages.

AGREEMENT: I/we hereby state that I/we are volunteering to perform work duties for Cedine Ministries without expectation that I/we will be paid wages or salary or any other type of compensation for my/our work and that it is my/our informed and deliberate intention to be such a volunteer. I/we realize I/we have no legal claims for minimum wages, overtime premiums, unemployment or worker's compensation, or any other provisions of law for "employees". It is my/our desire to gratuitously help Cedine Ministries accomplish its God-given purposes.

I/we have read and agree to Cedine's Work Camp Policies.

Signed _____
Signed _____
Date _____