



Waiver of Rights and Claims

I, the undersigned, intend to participate as a volunteer in repair projects sponsored by Rebuilding Together East Bay-North (Rebuilding Together), a California non-profit corporation, and will receive no compensation or remuneration for services.

RTEBN does NOT provide workers compensation or automobile insurance coverage for volunteer participants

California labor code 3352 (1) EXCLUDES persons performing voluntary services for non-profit organizations from requirement coverage by workers compensation insurance.

In recognition of the above, I hereby waive any and all rights to any and all claims, causes of action, demands, or damages of any kind or nature whatsoever for liability injury to my property or person, or the property or persons of my employees or dependents, whether known or unknown, foreseen or unforeseen existing, claimed to exist, or which can ever hereafter arise against REBUILDING TOGETHER, its Directors, officers, employees successors, or assigns.

I further consent to the unrestricted use by Rebuilding Together East Bay-North and/or any persons authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual auditory recordings of me or my dependents created in connection with the project. I have read and understand the foregoing waivers of rights of claims and agree to abide by terms and conditions thereof. By signing this agreement, I certify that I am 18 years of age or older, or that I have attached the consent of my parent or guardian.

Signature:	Date :
Name	Volunteer Group
Address	Phone
	E-mail
Emergency Contact	Emergency Contact Phone

House Captain: _____

Homeowner: _____

House Captain Morning Meeting Checklist

All volunteers will be notified to meet at 8:30am at the project site. Once all the volunteers have checked in, gather as a group and:

- Thank all the volunteers for coming
- Introduce yourself, the First Mate, the Safety Coordinator, Team leaders, Supply Runners and any other key volunteers
- Explain everyone's role.
- Emphasize safety. Only skilled experience workers should operate power tools. Two people to any ladder over 4 feet high; one is to hold. Point out the need to keep an eye out for hazardous substances. Refer to the safety poster at the worksite. Describe what to do if someone is injured. **Point out the Safety person if crew is larger than 5 persons.** Point out the location of the first aid kit.
- Acknowledge the help of the skilled trades people. Home Sponsor(s) and volunteer groups present.
- Give volunteers the bigger Rebuilding Together picture. Tell them they are a part of a nationwide effort (250 affiliates across the county) involving 250,000 volunteers repairing more than 7,800 houses and non-profit facilities—with most of the work occurring in this same weekend throughout the nation!
- Introduce the Homeowners(s)/Facility Rep(s). Have them say a few words if possible.
- Provide an overview of the work to be done at the house.
- Tell volunteers where to find supplies and tools.
- Tell volunteers who to notify if they can't find a particular tool or supply.
- Explain the lunch schedule, photo-shoot plan, location of restrooms, food and drinks (if applicable) and other logistics.
- Everyone must sign the volunteer Waiver Form. No Waiver= No T-Shirt = No Work! Ask them to report anyone without a T-shirt, as they shouldn't be on site
- Pump everyone up! This will be a great day of hard and rewarding work! Our priorities are safety, fun and production.**

PROJECT IMPACT SUMMARY REPORT

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 source(s) 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 CO2 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 & space heaters that produce CO2 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 INDICATES WHETHER THE HOME MEETS EACH PRIORITY BEFORE AND AFTER REPAIRS HAVE BEEN COMPLETED.

+ HIGHLIGHTS THE RESULTS OF REPAIRS THAT CHANGE WHETHER THE HOME MEETS ANY PRIORITY, FROM NO TO YES.

Work Day Sign-In Sheet

Site Date

Name Group Name

	Name	Time-In	Time-out	Parent Release Signed	To be completed by house captain
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

PLEASE MAKE SURE RTEBN GETS THIS BACK !!

Donation Report Form

Donor (Name, Address, Phone)	Item Donated (describe if unknown)	Estimated Value	Donation recruited by
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Ensure that any donation over \$50 is listed, as RTBEN will send an acknowledgement letter for tax purposes. For donations over \$250, please have them fill out the Statement of In-Kind Donation Form.



Statement of In-Kind Contribution

Internal Revenue Code Section 170 (f) (8) requires that that donor of any single charitable gift of more than \$250.00, in order to claim a charitable contribution for such a gift, must substantiate this gift. This is to be accomplished by a contemporaneous written acknowledgement of the contribution by the receiving organization. This acknowledgement will include a description and a good faith estimate of the value of any goods or services provided by the receiving organization in exchange for making the gift.

I hereby certify that _____
Company or Individual Name

Has donated the following items to Rebuilding Together East Bay-North , a nonprofit public benefit corporation and an organization exempt from income tax as an organization in Internal revenue code 501©(3). Rebuilding Together East Bay-North's nonprofit federal ID number is 94-3238591.

Description of Goods/Services Donated: _____

Homeowner or facility, applicable: _____

Good Faith Estimate of Good/Services Donate: \$ _____

Signature *Name* *Date*

Address *City* *State* *Zip*

Phone number: _____

Please make a copy of this form for your files, and mail, email, or fax the original to Rebuilding Together East Bay North as per information above.

Upon receipt of this form, RTEBN will send you a letter acknowledging your donation.

To be completed by the donor

Expense Reimbursement Request

Volunteer Payee: _____ Their Phone # _____

Purchase Date	Vendor	Description of Purchase	Method of Payment	Amount	Comments

Total reimbursement requested: \$ _____

Remittance Address

ATTACH ALL ORIGINAL RECEIPTS

(Copies can be made for your records upon request, however it might be easier for you to take a photo with your phone or digital camera.)

INJURY REPORT FROM

Information about injured volunteer:

Name			
Date of Birth		Gender	
Home Address		Phone number	

Accident Summary

Date of Injury	
Time of Injury	
Specific Injury/ Part of Body Affected/Medical Diagnosis	

Accident Details:

Street Address	
City	
Private home or facility?	
Was anyone else involved?	
Materials in use during accident	
Activity volunteer was performing	
Sequence of events:	

Treatment

Was action taken at site?
Volunteer's Health Provider
If taken to a hospital, which hospital were they taken to?
Comments

Completed by:

Sign name

Print name

Statement by Injured Volunteer:

I have refused treatment or transport to the hospital.

Sign name

Print name



Client Questionnaire

Rebuilding Together would appreciate your help in improving our services. Please complete the following questions with regards to your project. If any of the questions do not apply to your project, please indicate this as well.

Thank you for your help, and we look forward to working with you again.

In thinking about the repair services you received from Rebuilding Together East Bay-North this year, please answer the following questions:

1. I am Satisfied with the repair services I have received from Rebuilding Together:

Strongly Disagree Disagree Neutral Strongly Agree Does Not Apply

2. Rebuilding Together Staff and volunteers treated me with respect:

Strongly Disagree Disagree Neutral Strongly Agree Does Not Apply

3. (If applicable) Rebuilding Together staff helped me make progress towards my goals.

Strongly Disagree Disagree Neutral Strongly Agree Does Not Apply

4. (If applicable) Rebuilding Together's repair services met my needs.

Strongly Disagree Disagree Neutral Strongly Agree Does Not Apply

Check all that apply:

As a direct result of participating in this program:

I have what I need to maintain my independence

My overall health and wellness have improved.

I have what I need to remain housed.

My housing situation has improved.

I feel more connected to my community

I feel less isolated.

I am better able to take care of my own needs.

Contact or Homeowner Name: _____ Phone: ____/____/____

House Captain Evaluation Form

Scale: 1=Poor 2=Fair 3=Satisfactory 4= Very Good 5= Excellent

Please rate the administrative support you received from the Rebuilding Together EBN Office:

a. Orientations	1	2	3	4	5
b. Project Scope	1	2	3	4	5
c. Communications	1	2	3	4	5
d. Attitude	1	2	3	4	5

Please rate Rebuilding Together EBN Office support for your project:

a. Supply of materials you requested	1	2	3	4	5
b. Supply of skilled volunteers	1	2	3	4	5
c. Quality of service	1	2	3	4	5

How do you rate the Discount Suppliers?

a. Availability of Materials	1	2	3	4	5
b. Price	1	2	3	4	5

How do you rate the performance of your skilled volunteers:

a. Technical competence	1	2	3	4	5
b. Quality of work performed	1	2	3	4	5
c. Enthusiasm	1	2	3	4	5

How do you rate the performance of your unskilled volunteers:

a. Orientations	1	2	3	4	5
b. Quality of work performed	1	2	3	4	5

How do you rate the homeowner:

a. Cooperation during prep phase	1	2	3	4	5
b. Preparation of the home for workday	1	2	3	4	5
c. Cooperation with volunteers on workday	1	2	3	4	5
d. Support of able family members	1	2	3	4	5

How satisfied are you with the following:

a. Original home assessment	1	2	3	4	5
b. Co-Captain	1	2	3	4	5
c. Volunteer coordinator	1	2	3	4	5
d. Unskilled volunteers	1	2	3	4	5

What is your overall assessment of the program?	1	2	3	4	5
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Additional questions and comments are welcome: