



**PROJECT VOLUNTEER CONSENT/MEDICAL CARE  
AUTHORIZATION and RELEASE**

VOLUNTEER NAME (print full legal name) \_\_\_\_\_

I, the undersigned, hereby affirm to STEP Western North Carolina (hereinafter STEP WNC) that I/my child hereby volunteer(s) to participate in any project associated with the Home Repair and/or Firewood Ministry for STEP WNC.

**AUTHORIZATION FOR MEDICAL CARE**

In the event that a medical emergency befalls me/my child during the project, wherein I/my child am/is unable to communicate regarding which medical facility/physician/dentist to be used and to consent to medical/dental treatment, I hereby direct that STEP WNC attempt to contact the following adult person(s) and that STEP WNC follow direction given by said person(s), regarding matters in the paragraph above.

_____	( ) _____	_____
Print name	Telephone number	Relation to me

_____	( ) _____	_____
Print name	Telephone number	Relation to me

In the event STEP WNC is unable to contact the individuals named above for direction/consent within sufficient time as determined by STEP WNC, or if the physician/dentist does not deem said person(s) named above legally capable of consenting to medical/dental treatment, I hereby authorize STEP WNC, its officers, employees, and agents: to select a medical facility/physician/dentist and to cause me to be transported to same and to consent to medical/dental treatment as recommended by the physician/dentist including but not limited to administration of anesthesia, diagnostic medical procedures and testing, performance of operations, and other actions, but not including withdrawing or withholding life support.

**RELEASE**

I acknowledge that I/my child will be participating in project activities including but not limited to: traveling in vehicles; collecting and processing firewood; home repair and rehabilitation (such as general carpentry, use of electric powered tools and hand tools, painting, climbing ladders with and without supplies, working in high places, and other construction related activities). I acknowledge that I have signed and read and understand the contents of the STEP WNC Sensitivity Guidelines and Rules and Expectations and that copies of same have been provided to me by STEP WNC. I acknowledge that STEP WNC does not provide any medical insurance coverage for project volunteers and that I am fully responsible for medical insurance/medical care payment for myself/my child. I acknowledge that STEP WNC is a nonprofit entity which provides facilities and mission work opportunities for religious and charitable purposes. THEREFORE, in consideration of STEP WNC providing facilities and mission work opportunities for me, I hereby freely and voluntarily, on behalf of myself and my successors and assigns, RELEASE and HOLD HARMLESS STEP WNC, its officers, directors, employees, and agents from any and all liability, legal claims of any nature: which may arise during or after the



**STEP Western North Carolina**

*Serving Together Empowers People*

P.O. Box 563  
Brevard, NC 28712-0563

*Home Repair and Firewood Ministry for Transylvania, southern Jackson, and western Henderson Counties*

project and/or which are in any way associated with, arising from, or connected with the project; including but not limited to bodily injury, medical expenses, and death.

Signature of Participant: \_\_\_\_\_ Date \_\_\_\_\_

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE, the

Parent/Guardian (print name) \_\_\_\_\_ affirms the information above.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_