



Dear Friends,

Thank you for supporting Experiment in Self-Reliance (ESR) throughout the years. Thanks to you, thousands of lives have been transformed right here in our community. By offering a hand up, your support has empowered people to become self-reliant. Thank you for making our work possible.

This fall, we will celebrate 55 years of service to the community. We would like to take time to honor the community that has supported us every step of the way. ESR will choose to celebrate its birthday by holding its second annual Day of Service on Wednesday, September 25 in which anyone is invited to volunteer at various locations throughout the community. ESR is hosting a multitude of volunteer opportunities for participants – construction with Habitat for Humanity, serving lunch at Samaritan Ministries, working with animals at Forsyth Humane Society, and more – and we would love for you to be a part of the day.

Our day will begin with breakfast at 7:30 am at ESR. Volunteers will break up into groups to begin their day of service. Lunch will be served at 12 pm. The second shift of volunteering will begin at 1 pm. Volunteers may sign up for one or more shifts.

We would like to take the opportunity to cordially invite you to be a part of this initiative by volunteering or inviting friends, family, and coworkers to participate. Volunteers may sign up by filling out the enclosed application and returning it to ESR. Additionally, you may find an online version of the application on our website at [www.eisr.org](http://www.eisr.org). For more information, contact Victoria von Dohlen at 336-722-9400 ext. 124.

Again, thank you for helping the Winston-Salem/Forsyth County community and for being a friend of ESR. We hope that you will join us in celebrating service.

Sincerely,

*Twana W. Roebuck*

Twana W. Roebuck  
Executive Director  
Experiment in Self-Reliance

Name \_\_\_\_\_

## SHIFTS

- I AM AVAILABLE TO VOLUNTEER FOR THE MORNING SHIFT (7:30 AM – 12 PM)
  - I AM AVAILABLE TO VOLUNTEER FOR THE AFTERNOON SHIFT (1:00 PM – 5:00 PM)
  - I AM AVAILABLE TO VOLUNTEER FOR BOTH SHIFTS
  - I CAN VOLUNTEER THAT DAY, BUT NOT DURING THE SPECIFIED HOURS (please give hour availability below)
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## Work Interest

Please indicate your interest in the following possible areas for work for our Day of Service.

Please select your 4 primary interests and list them as:

1 (Oh Yeah!) 2 (Yeah!) 3 (Yea!) 4 (Well... ok).

**Put a circle** around the ones that you feel you have some skill in.

If there is one that you **absolutely cannot do**, indicate that with an **X**.

Know that every effort will be made to match you with your "Oh Yeah," but you may wind up with your "well...ok." The main thing is that we're going to give some help to needy folks. **Please return as soon as possible so we can begin putting together our teams.**

Interest	Work	Interest	Work
	<i>Working with animals</i>		<i>Working with senior citizens</i>
	<i>gardening</i>		<i>Construction</i>
	<i>cleaning</i>		<i>Serving food</i>
	<i>Creating care packages</i>		<i>Working with kids</i>
	<i>cooking</i>		<i>Working outside</i>
	<i>Organizing/sorting</i>		<i>WHERE NEEDED</i>

## Medical Release

By signing this form, I agree to participate in ESR's Day of Service and to engage in all activities except those noted with Experiment in Self-Reliance on September 25, 2019. I am 18 years or older and understand the risk of injury that accompanies a work retreat, and understand that many activities may require transportation in private vehicles or by public conveyances to various locations.

In case of EMERGENCY while the participant is in the care of Experiment in Self-Reliance, the organization will contact the emergency contact. In the event the organization is unable to reach them immediately, the organization party responsible and/or its designated staff is authorized to seek and obtain medical attention, treatment, and services as may be deemed necessary. I agree to assume responsibility for payment of all medical costs incurred. Experiment in Self-Reliance will not be held liable in the event of an emergency/injury.

**Participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Media Release

1. I, the undersigned, hereby authorize ESR to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).
2. I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by ESR (I understand that I may be identifiable from such photographic or electronic reproduction).

Agreed and accepted by:

**Participant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Participant Information

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance Company and Policy Number:** \_\_\_\_\_

**Email Address (Participant):** \_\_\_\_\_

**Emergency contact person:** \_\_\_\_\_ **Emergency contact phone:** \_\_\_\_\_

## Personal Covenant

While attending this activity, I agree to:

- 1. Attend and be on time for every volunteer opportunity*
- 2. Take part in the activities as far as possible*
- 3. Support others in the group in their participation*
- 4. Be responsible for my actions and not jeopardize my safety or that of others.*

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**Signature / Date**

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### Medical Information

	Yes	No
Tetanus shot up to date		
Any reaction to penicillin		
Any reaction to insect bites		
Asthma		
Sinus Problems		
Ear Infection		
Weak Heart		
Any medications to be taken regularly (Give details in " <b>Remarks</b> " section below)		
Any reactions to drugs (Give details in " <b>Remarks</b> " section below)		
Any physical handicaps (Give details in " <b>Remarks</b> " section below)		
Any reaction to sun or sunburn		

**Please list all allergies:** \_\_\_\_\_

\_\_\_\_\_

**Remarks Section:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_