

# WMU of Texas

## Women's Build Application for 2024

[www.wmutx.org](http://www.wmutx.org) | 10325 Brockwood Rd, Dallas, TX 75238 | 214.828.5150 | [wmutx@texasbaptists.org](mailto:wmutx@texasbaptists.org)

### (Includes Waiver & Release and Women's Build Participant Guidelines)

1. Please bring ONE copy of this document to registration. We encourage you to keep a photocopy for yourself to have with you in case of an emergency at the project site.
2. Attach a photocopy of your insurance card.
3. Return application with \$175 (cash or check) by September 20, 2024 to this address

WMU of Texas  
Women's Build Project  
10325 Brockwood Road, Dallas, Tx, 75238

- Scholarships will not be available at this time, please contact WMU of Texas for information at (214) 828-5150 or [wmutx@texasbaptists.org](mailto:wmutx@texasbaptists.org)

### Please circle which week you would like to volunteer:

1. Week One: October 20 – October 25 (Sunday – Friday)
2. Week Two: October 24 – October 29 (Thursday – Tuesday)

### Participant's Info:

Name: \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
DOB (MM/DD/YY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
T-Shirt Size: \_\_\_\_\_  
Language(s) you speak: \_\_\_\_\_  
\_\_\_\_\_

### Participant's Address:

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_

### Emergency Contact Info (First Contact)

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_

### Emergency Contact Info (Second Contact)

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_

### Church Information

Church Name: \_\_\_\_\_ Church Pastor: \_\_\_\_\_ Association: \_\_\_\_\_  
Church Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

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### Travel Plans (attach any travel plans such as flight details):

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

I will be driving \_\_\_\_\_

I will be flying \_\_\_\_\_

- Arrival Airport/Time: \_\_\_\_\_
- Transportation from airport to VBRC:
  - I can provide my own transportation
  - I will need to be picked up

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

I will be driving \_\_\_\_\_

I will be flying \_\_\_\_\_

- Departure Airport/Time: \_\_\_\_\_
- Transportation from VBRC to airport:
  - I can provide my own transportation
  - I will need to be dropped off

### Medical Information (Participants must have medical insurance):

Generally, the participant's health is: (Check One)  Excellent  Good  Fair  Poor

If Fair or Poor, please explain the condition: \_\_\_\_\_

List any medical difficulties which are currently being treated: \_\_\_\_\_

Check any of the following that cause you problems:  Asthma  Sinusitis  Bronchitis  Kidney Trouble

Heart Trouble  Diabetes  Dizziness  Stomach Upset  Hay Fever

Explain: \_\_\_\_\_

\_\_\_\_\_

List any medicines or substances to which you are allergic: \_\_\_\_\_

List any previous operations or serious illnesses: \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

\_\_\_\_\_

What restrictions would hinder your effectiveness as a team member (*regarding your physical strength and endurance*)?: \_\_\_\_\_

\_\_\_\_\_

Childhood Diseases:  Chickenpox  Measles  Mumps  Whooping Cough  Other: \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

### Medical Insurance Info:

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_

Employment: \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_ Work Phone #: (\_\_\_\_) \_\_\_\_\_

Beneficiary to Accident Ins: \_\_\_\_\_

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### Evaluate your construction experience (*check all that apply*):

- |  |  |
|--|--|
| <input type="checkbox"/> Some unsupervised experience around the house | <input type="checkbox"/> Hang wallpaper            |
| <input type="checkbox"/> Experienced or helped others                  | <input type="checkbox"/> Install electrical wiring |
| <input type="checkbox"/> Measure accurately                            | <input type="checkbox"/> Apply siding              |
| <input type="checkbox"/> Hang windows                                  | <input type="checkbox"/> Carry tools               |
| <input type="checkbox"/> Roof-shingle                                  | <input type="checkbox"/> Install carpeting         |
| <input type="checkbox"/> Paint   | <input type="checkbox"/> Plaster                   |
| <input type="checkbox"/> Cut lumber                                    | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Mix concrete                                  | <input type="checkbox"/> Use power saw             |
| <input type="checkbox"/> Other construction projects (list) _____      |  |
| <input type="checkbox"/> Crew leader (responsibility) _____            |  |
| <input type="checkbox"/> Skilled in _____                              |  |
| <input type="checkbox"/> Professional (specialty) _____                |  |

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### WOMEN'S BUILD PARTICIPANT GUIDELINES

#### To be a participant of this project, I understand that I must:

- *Be a Christian committed to sharing the Good News of Jesus Christ.*
- *Arrange for my own transportation to Mission, Texas.*
  - Meals are furnished.
  - Lodging (double occupancy – roommate will be selected for you if not designated) at: Valley Baptist Retreat Center, 1600 US-83 Business, Mission, Texas 78572
  - Preferred roommate:  
\_\_\_\_\_
  - Private rooms will not be guaranteed, please contact the WMU of Texas for more information.
- *Commit to the week-long project. Here is the schedule:*
  - Arrive for a team meeting.
    - Week 1 team on Sunday, Oct 20 at 7:30 pm
    - Week 2 team on Thursday, Oct. 24 at 7:30 pm.
  - Arrive at the job site by 6:30 am for devotional and safety briefing.
  - Work until 6:30 pm each day (taking breaks as needed)
  - Team members are free to travel home Friday evening, Oct 25 or Tuesday evening, Oct 29
  - Working conditions are primitive (the only restroom is a port-a-potty)
- *Be covered by own personal health/accident insurance.*
  - Insurance company \_\_\_\_\_
  - Policy # \_\_\_\_\_
- *Provide some personal tools if possible. For those flying, this may be difficult. Some tools will be provided.*
- *Cooperate with team leader and members.*
- *Follow directions of building supervisor.*

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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### WOMEN'S BUILD WAIVER AND RELEASE

Participant wishes to work as a volunteer in the project and project-related activities (the "Activities") and assumes all risks relating to participation in the Activities. It is the sole responsibility of Participant to ensure that he/she is qualified to participate and to use safe worksite practices under the supervision of a crew chief and/or other adult(s). By volunteering in the Activities, the Participant acknowledges he/ she understands the rules and guidelines and will comply with all the rules and regulations, and if the Participant observes any unusual or unnecessarily hazardous during his/her service, the Participant will bring such hazard to attention of the nearest coordinator or project adult leader as soon as is practical.

In consideration of Participant's opportunity to participate in the Activities, I, the undersigned Participant, (and, if Participant is a minor, I, the undersigned Parent/Guardian on behalf of Participant and himself/herself) agree to the following:

I acknowledge that the Activities may include such things as painting, roofing, installing doors, installing windows, building porches, constructing wheelchair ramps, conducting cleanup activities, scraping paint, removing debris from the work site and gathering of people and that these Activities have inherently dangerous elements and involve risks, including but not limited to climbing ladders, nailing nails, scraping paint, carrying heavy building supplies, using power tools, exposure to viruses and working in extreme *seasonal* temperatures **I UNDERSTAND THAT THE ACTIVITIES INVOLVE RISKS AND DANGERS WHICH COULD RESULT IN SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, SICKNESS AND DEATH AND I ASSUME THE RISK OF INJURY, SICKNESS, HARM OR DEATH.** I know of no medical reason why I should not participate. I understand that I am not required to participate in the Activities and that if I am uncomfortable engaging in the Activities I can stop at any time.

I, for myself, Participant, our assigns, representatives, heirs and executors (collectively, "Participant Parties"), hereby accept all risks, known and unknown to Participant's health and of Participant's injury or death that may result from participation in the Activities. I, for myself, Participant and for the Participant Parties, hereby voluntarily hold harmless and release, waive, discharge, indemnify and covenant not to sue Baptist General Convention of Texas ("BGCT"), its officers, directors, employees, volunteers, agents, representatives, successors and assigns and anyone acting in concert with BGCT ("BGCT Parties") of and from all claims, demands, causes of action, damages, injuries or liability of any kind or nature whatsoever arising out of, or in any

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way connected to or with Participant's participation in the Activities (including, without limitation, Participant's use of transportation, whether provided directly or indirectly by the BGCT Parties, or any of them, to or from any Activities), **even though the claim or liability may arise out of the negligence, fault or carelessness on the part of the WMU OF TEXAS Parties, or any of them, or any third party, whether foreseen or unforeseen, known or unknown.**

**Medical Release.** In the event of Participant's sickness or injury, I authorize and grant the WMU OF TEXAS Parties the authority to seek medical care for Participant, including but not limited to, such medical and surgical treatment or procedures as the treating physician chosen by the WMU OF TEXAS Parties, or any of them, may, in such physician's sole determination, deem necessary or advisable. I authorize the WMU OF TEXAS Parties to transport Participant or arrange transportation for Participant to appropriate medical facilities and to share Participant's personal information with such facilities or personnel at such facilities. I certify that I have adequate insurance to cover injury to or illness of Participant, including all medical and surgical costs incurred by the WMU OF TEXAS Parties on Participant's behalf and I assume full responsibility for all medical bills incurred on Participant's behalf.

**Photo Release.** I grant WMU OF TEXAS Parties permission to use Participant's image, likeness and voice and name in connection therewith in a photograph, video, audio, electronic format or other digital or analog media or any other copying or recording medium still or moving (collectively, the "Image") in any medium (Including without limitation, publications such as web-based publications, the internet, web pages, emails, film, television, radio, video tapes, DVD, CD-ROM and others) without payment or other consideration. I waive any right to royalties or other compensation arising or related to the use of the Image.

**Indemnification.** I, or Participant, as applicable, agree to indemnify and hold harmless WMU OF TEXAS Parties from any and all liabilities, claims, demands, injuries (including death, or damages), including court costs and attorneys' fees and expenses arising from any injury, property damage, sickness or death that Participant may suffer as a result of Participant's participation in the Activities and the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the Activities.

I hereby expressly agree that this Liability Release and Indemnification Agreement (the "Agreement") is intended to be as broad and inclusive as permitted by law and that if any portion hereof is held invalid, it is agreed that the balance, notwithstanding, continue in full

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legal force and effect. I have read and fully understand this Agreement. I understand that I am waiving valuable legal rights by signing this Agreement and am aware of its legal consequences. I have signed this Agreement freely and voluntarily, and I knowingly accept all the terms and conditions as set forth above. I am at least eighteen (18) years of age and fully competent. IN WITNESS WHEREOF, Participant or Participant’s parent or legal guardian, as applicable, has read and executed this Release and Waiver as of the day and year set forth below.

### WOMEN’S BUILD WAIVER AND RELEASE

Please sign below to acknowledge the participant has read and understood the above waiver and release.

Each participant must sign the Women’s Build Waiver and Release.

Participant’s Signature: \_\_\_\_\_

Parent/Guardian Signature (if Participant is a minor): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_