

THE PITTSBURGH PROJECT...2011/2012 ADULT REGISTRATION FORM

(adult =18+ years of age)

Please Print Neatly

Name _____ Gender **M** **F**
T-shirt size (please circle one): *womens-* s m l xl *mens-* s m l xl xxl xxxl
Church/Group _____ Leader _____
Have you or a member from your family attended a service camp at The Pittsburgh Project? **YES** **NO**
Home Phone () _____ cell () _____ Date of Birth ____/____/____
Home Address _____
Your Email Address _____
City/State _____ ZIP _____ Current Age _____

Contact Information

Spouse's/Parents' Full name(s) _____ **SPOUSE** **PARENT**
Phone (day) _____ (evening) _____
In case spouse/parents' cannot be reached, please call _____
at phone (day) _____ (evening) _____

Medical Information

Insurance Carrier _____ Policy Number _____
Ins. Carrier's Phone Number _____ Primary Care Physician _____
Primary Care Physician's Phone Number _____
Current medications _____
Date of last tetanus shot _____
Allergies (Drug, food, etc.) /Special Medical Needs _____

Release from Liability

I hereby release The Pittsburgh Project, its staff and members of the board of directors, from any liability for injury that I may sustain during The Project's activities. In case of illness or injury, and in the event I am unable to respond, I authorize Project staff to allow emergency medical treatment or surgery by a licensed physician or hospital.

Signature _____
Date _____

The Pittsburgh Project...2011/2012 Student Registration Form

Please Print Neatly

Name _____ Gender **M** **F**

T-shirt size (please circle one): *womens-* s m l xl *mens-* s m l xl xxl xxxl

Church/Group _____ Leader _____

Have you or a member from your family attended a service camp at The Pittsburgh Project? **YES** **NO**

Home Phone () _____ cell () _____ Date of Birth ____/____/____

Home Address _____

City/State _____ ZIP _____ Current Age _____

Your Email Address _____

Grade Completed: 6 7 8 9 10 11 12

Contact Information

Circle **Mr./Mrs./Ms./Mr.&Mrs.** Parents'/Guardians' Full name(s) _____

Phone (day) _____ (evening) _____

In case parents/guardians cannot be reached, please call _____

at phone (day) _____ (evening) _____

Parents' Email Address _____

Medical Information

Insurance Carrier _____ Policy Number _____

Ins. Carrier's Phone Number _____ Primary Care Physician _____

Primary Care Physician's Phone Number _____

Current medications _____

Date of last tetanus shot _____

My child may be administered basic analgesic (Tylenol, Advil) if needed? **YES** **NO**

Allergies (Drug, food, etc.) /Special Medical Needs _____

Release from Liability

I hereby release The Pittsburgh Project, its staff and members of the board of directors, from any liability for injury that my child may sustain during The Project's activities. In case of illness or injury, and in the event I am unable to respond, I authorize Project staff to allow emergency medical treatment or surgery by a licensed physician or hospital.

Parent/Guardian Signature _____

Date _____

Group Pair Sheet

Please use this form to indicate your worksite leaders and corresponding participants. Please keep your group size to 5-7 participants. Also, remember that you will be responsible for transporting your work teams to and from the worksite. Please return this form to The Pittsburgh Project (mail or fax) **10 days** before you come.

Church or group _____ City, State: _____

WORK SITE TEAM 1

Pair #	Participant 1	M/F	AGE	Participant 2	M/F	AGE
Pair 1	**					
Pair 2						
Pair 3						
Pair 4						

WORK SITE TEAM 2

Pair #	Participant 1	M/F	AGE	Participant 2	M/F	AGE
Pair 1	**					
Pair 2						
Pair 3						
Pair 4						

WORK SITE TEAM 3

Pair #	Participant 1	M/F	AGE	Participant 2	M/F	AGE
Pair 1	**					
Pair 2						
Pair 3						
Pair 4						

** over 21 worksite leader

THE PITTSBURGH PROJECT
2801 North Charles Street, Pittsburgh, PA 15214 phone:412/321-1678 fax:412/321-3813

One Day Plunge Schedule

The Pittsburgh Project 412-321-1678

2801 North Charles Street, Pittsburgh, PA

www.pittsburghproject.org

- 8:00**** ***Arrival and Registration in Guesthouse***
Please park in the lot in front of the school building or down the hill in the lot at the intersection of Charles Street and Wilson Avenue
- 8:15*** ***Welcome & orientation***
- 8:45*** ***Dismiss, pick-up coolers in Dining hall and load up at the Warehouse***
- 4:00*** ***Return tools and coolers to TPP***
Snack in Guesthouse
- 4:30*** ***End of day wrap-up in Guesthouse***
(don't forget to return your maps, folders and end of day work reports)
- 5:30*** ***Distribute t-shirts and dismiss!***

****Please bring your Registration forms with you.***

See our website for forms and directions

TPP ONE DAY RETREAT

WORKSITE LEADER

SKILLS INVENTORY FORM

For every 5 participants in your group, you will need 1 worksite leader (21+). This person will oversee the work at the home you are repairing. Our staff will travel between sites to assist as needed. In order to best match the work to the worksite leader, we need the worksite leader to complete this form.

Name _____ Gender _____ Age _____

Church/Organization _____ City, State _____

Please note your experience in the following areas. This section enables us to schedule work that maximizes your skills (or lack of skills!) on the worksite. Circle the appropriate number in each section:

PAINTING

1. I've never painted before.
2. I've helped someone paint inside
3. I've done low outside painting.
4. I've painted a two-story house.
5. I have a lot of painting experience.
6. I am a painter.

YARD WORK

1. I've never done yard work before.
2. I can run a lawnmower.
3. I've run clippers and weed eaters.
4. I've used a chainsaw.
5. I have a lot of yard work experience.
6. I am a landscaper.

DRY WALLING

1. I've never dry walled before.
2. I've spackled small holes in a wall.
3. I've done taping and mudding.
4. I've measured, cut and hung sheets.
5. I have a lot of dry walling experience.
6. I am a drywaller.

MASONRY

1. I've never done masonry before.
2. I've patched a sidewalk.
3. I've poured sections of concrete.
4. I have moderate masonry experience.
5. I have a lot of masonry experience.
6. I am a mason.

CARPENTRY

1. I've never done any carpentry before.
2. I've done small repairs around the house.
3. I've measured, cut, and nailed lumber.
4. I have moderate carpentry experience.
5. I have a lot of carpentry experience.
6. I am a carpenter.

PLUMBING

1. I've never done plumbing before.
2. I've fixed sink/toilet leaks.
3. I've installed fixtures.
4. I have moderate plumbing experience.
5. I have a lot of plumbing experience.
6. I am a registered plumber.

ROOFING

1. I've never roofed before.
2. I've used tar to patch a leak.
3. I've replaced sections of a shingle roof.
4. I have moderate roofing experience.
5. I have a lot of roofing experience.
6. I am a roofer.

ELECTRICAL

1. I've never done electrical work before.
2. I've changed switches and outlets.
3. I've installed new light fixtures.
4. I have some rewiring experience.
5. I have a lot of electrical experience.
6. I am a registered electrician.