



C.A.T.

Community Assistance Team



First Baptist Church
of Agawam, Mass.
760 Main Street; Agawam, MA 01001
Tel# (413) 786-7300

Work Request

Person needing the work:

Name: _____ Address: _____

Home Phone: _____ Best time to call: _____

Cell: _____ Email Address: _____

Description of work needed: (Define the problem, where it is, and what may need to be done)

Urgency

How urgent is it?

Scheduling

Roughly, when do you want to schedule the work? Give some alternatives, if possible.

Note: A C.A.T. volunteer will contact you to set the actual schedule.

Please read the release below then sign and turn in to the church office.

Release: In consideration of the opportunity afforded me to participate in this Project, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against The First Baptist Church of Agawam, or any of its affiliated organizations, or either of their officers or members collectively or individually, or the supplier of any materials or equipment that is used by the Project, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in the Project. I further consent to the unrestricted use by First Baptist Agawam and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recordings of me, my family, and/or my home.

Signature of homeowner: _____

Name: _____ Date: _____