



Brush with Kindness @ WBC Tilden Senior Center

Location WBC Tilden Senior Center

Director: Wanda Burris

630 Mother Gaston Blvd, Brooklyn, NY 11212

Directions: Board the 2 or 3 train towards New Lots Avenue. Get off at Junius Street. Head west on Livonia Ave toward Sackman Street. Turn right onto Mother Gaston Boulevard. Destination will be on the left. Please check www.hopstop.com for directions from **your** starting point and **MTA** for any scheduled delays. Area map link: [630 Mother Gaston Boulevard](#)

Scope of work: Brush with Kindness enlists volunteers to revitalize community spaces in New York City including playgrounds, community centers and public parks. Volunteers mostly straight paint rooms and murals but sometimes work can include light construction. Volunteers will be painting the center implementing murals and other beautification projects throughout. All work will be indoors. This center will be brightened up and made more child and youth friendly with a great palette of bright and happy colors and murals.

Weekday Timeline:

9:15am: Volunteers arrive, sign in, waivers, etc.

9:00am: Morning meeting, site overview and Habitat NYC info

9:15am: Break into groups and begin work

12:00pm: Break for lunch

1:00pm: Back to work

3:30pm: Clean-up, evaluations and wrap-up

4:30pm: Depart, thank you!

What should I expect on a volunteer day?

- No construction experience is necessary. Our knowledgeable Site Supervisor and AmeriCorps Site Leaders will lead you in building the Habitat Way!
- We supply all tools, paint and material needed for the day.
- Food/Drink: Water is supplied. *You provide your own lunch.*
- Bathrooms are located on site

What should I bring to a volunteer day?

- A good attitude and willingness to learn always makes for the best days.
- Please dress in layers to accommodate cold and hot weather conditions.

- ☑ Wear old clothes, Long pants (no shorts). You WILL get dirty. There are no coat racks or closets.
- ☑ Shoes: wear comfortable close toed shoes or sneakers, preferably flats as you will be working all day.
- ☑ Leave your unessential valuables at home.
- ☑ Be Green: We recommend that you bring a water bottle that you can use all day.
- ☑ Waiver: You must bring or complete a waiver/volunteer information form to be eligible to volunteer.

***Volunteer groups and individuals are responsible for coordinating their own lunch.**

Local Food Options:

Future Taste Restaurant
326 Junius St
Brooklyn, NY 11212
(347) 533-4273

Shun Kan Chinese
Restaurant
424 Sutter Ave
Brooklyn, NY 11212

Annie's Kitchen - NYC
1502 Amsterdam Avenue
New York, NY 10024
(212) 234-8265

Brownsville Coffee Shop
584 Rockaway Ave
Brooklyn, NY 11212
(718) 346-9533

Napoli Pizzeria
254 Livonia Ave # A
Brooklyn, NY 11212
(718) 385-9153

Popeyes® Louisiana Kitchen
702 Rockaway Ave
Brooklyn, NY 11212
(718) 498-1846

Caterers that deliver to the site:

Café Metro (Michael Mayer) (212) 760-1818 mmayer@cafemetrony.com

Café Metro is a catering service that we have used in the past. They provide a boxed lunch with a sandwich, fruit cup or pasta cup, cookies and a soda. *Please let Café Metro know that this order will be delivered to a Habitat for Humanity worksite and that you would like less packaging on your order (we are trying to make our site as GREEN as possible)!*

www.foodmerchantscafe.com

Square Meals, LLC (Nick Rubino) (646) 338-3535 rubino@sqmeals.com

Square Meals is a new catering service that we highly recommend. They offer catering for breakfast and lunch. Typically their lunch menu includes a sandwich, fruit, chips, cookie and a beverage.



VOLUNTEER INFORMATION & RELEASE AND WAIVER OF LIABILITY

Name _____
FIRST LAST

Date: ____ - ____ - 2015

I volunteered today: as an Individual with a Group (Group name) The Beacon School

Contact _____
Address STREET APT NUMBER
CITY STATE ZIP

Please check here if you would not like to receive Habitat-NYC information via e-mail?

Email: _____

Contact Tel: () _____

Are you an active duty or Military veteran of the Armed Forces?
Y/N _____

Date of Birth: ____:____:____

This RELEASE and WAIVER OF LIABILITY executed on this _____ day of _____ 2015 by [PLEASE PRINT NAME] _____ (the Volunteer) in favor of HABITAT FOR HUMANITY INTERNATIONAL, INC., a nonprofit corporation, HABITAT FOR HUMANITY NEW YORK CITY, INC., a New York nonprofit corporation, HABITAT FOR HUMANITY BED-STUY HOMES HOUSING DEVELOPMENT FUND CORPORATION, HABITAT FOR HUMANITY BED-STUY HOMES II HOUSING DEVELOPMENT FUND CORPORATION, HABITAT FOR HUMANITY ST. JOHN'S HOUSING DEVELOPMENT FUND CORPORATION, HABITAT FOR HUMANITY HOUSING DEVELOPMENT FUND CORPORATION and Habitat for Humanity New York City General Contractor LLC (all of the foregoing being referred to as "Habitat"), Habitat's directors, officers, employees, agents, contractors and subcontractors, and their respective successors and assigns, Project Eye Consultants Inc and GKC Industries, Inc. ("Contractor Entities"). Contractor's directors, officers, employees, agents, contractors and subcontractors, and their respective successors and assigns (Habitat and Contractor Entities and all of the foregoing being referred to as the "Released Parties"). Volunteer desires to work as a volunteer for Habitat and participate in the various activities (collectively, the "Volunteer Activities") sponsored by Habitat in carrying out its homebuilding mission. Volunteer understands that the activities may include, without limitation, constructing and rehabilitating residential buildings and other community facilities, being transported to and from work site locations, and consuming food in the course of such activities. Volunteer with full knowledge of his/her rights does hereby freely, voluntarily, and without duress execute this Waiver and Release under the following terms:

Waiver of Worker's Compensation Claims. Volunteer intends to participate as a volunteer in construction projects sponsored by Habitat, and will receive no compensation or remuneration for services. Habitat does not provide worker's compensation insurance for volunteer participants.

Waiver and Release. Volunteer does hereby release and forever discharge and hold harmless the Released Parties from any and all liability, claims, damages, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's participation in the Volunteer Activities. Volunteer understands that this Release discharges the Released Parties from any liability or claim that Volunteer may have against the Released Parties with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's participation in the Volunteer Activities, whether caused by the negligence of the Released Parties or otherwise. Volunteer also understands that the Released Parties do not assume any responsibility for or obligation to provide financial assistance, including but not limited to medical, health or disability insurance.

Signature required on 2nd page

Without in any way limiting the foregoing, or any other provision of this Release and Waiver of Liability, Volunteer expressly agrees that in no event shall Volunteer look to the insurance carried by any contractor or subcontractor engaged by Habitat in connection with any liability, claims, damages or demands asserted by Volunteer.

Medical Treatment. Volunteer does hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's participation in the Volunteer Activities or with the decision by any representative or agent of Habitat to exercise the power to consent to medical or dental treatment.

Assumption of the Risk. Volunteer understands that the work may include activities that may be hazardous to Volunteer, and that food, accommodations, and medical facilities may be donated to Habitat and may be beyond the control of Habitat and the other Released Parties. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities of Volunteer's participation in the Volunteer Activities.

I understand that my time with Habitat for Humanity - NYC may include activities that may be hazardous to me, including, but not limited to, demolition, loading and unloading of heavy equipment and materials, transportation to and from the disaster site, and working in locations damaged by the effects of a disaster. I recognize and understand that my time with Habitat - NYC may, in some situations, involve inherently dangerous activities.

Insurance. Volunteer understands that the Released Parties do not carry or maintain health, medical, or disability insurance coverage for any volunteer. Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect. However, Habitat does maintain Volunteer Accident Insurance, which coverage is designed to reimburse volunteers for their uninsured medical expenses in the event they are injured at a Habitat event, with no deductible.

Photographic Release. Volunteer does hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during Volunteer's participation in the Volunteer Activities, including, but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.

Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New York, and that this Waiver and Release shall be governed by and interpreted in accordance with the laws of the State of New York. Volunteer agrees that in the event that any clause or provision of this Waiver and Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release which shall continue to be enforceable.
IN WITNESS WHEREOF, Volunteer has executed this Waiver and Release, as of the day and year written above.

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

CELLPHONE: _____

SIGNATURE OF VOLUNTEER, _____

If Volunteer is under the age of 18, the following signature is required.

PARENT OR GUARDIAN _____
(Signature)

DATE: ____ - ____ - 2015

NAME : _____
(Print Name)



ASSUMPTION OF RISK, RELEASE AND CONSENT FORM

I, the undersigned, hereby assume all of the risks of participating as a volunteer in the "Brush With Kindness Program" designed to provide the New York City Housing Authority ("NYCHA") with volunteers to paint the NYCHA Community Center located at

WBC Ti Iden Senior Center (the "Activity"). 630 Mother Gaston Blvd Brooklyn, NY 11212

In consideration of NYCHA permitting me to participate in the Activity, I, my executors, administrators, heirs and assigns hereby: (A) waive and release NYCHA from any and all liability, including but not limited to, liability arising from the negligence or fault of NYCHA, its board members, officers, directors, employees, agents and volunteers, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur as a result of my participation in the Activity, including my traveling to and from the Activity; and (B) indemnify, hold harmless and promise not to sue NYCHA, its board members, officers, directors, employees, agents and volunteers from any and all liabilities or claims made as a result of participation in the Activity.

I acknowledge that I am not entitled to any wages, union benefits or any compensation whatsoever in connection with my participation as a volunteer in this Activity.

I certify that I am physically fit to participate in this Activity, and have not been advised to not participate by a qualified medical professional. I certify that I do not have any health-related issues which preclude my participation in this Activity.

I do hereby grant NYCHA the rights to use my name, likeness and image, in print, video or any electronic media form in connection with my participation in the Activity.

I do hereby consent, authorize and grant permission to NYCHA to take photographs, motion pictures or videotapes (collectively, "Video") of me, and do further consent to the publication, circulation, electronic transmission and dissemination of said Video or any duplication or facsimile thereof for any purposes it may deem proper. In granting such permission, I hereby relinquish and give to NYCHA, all right, title and interest I may have in the finished pictures, negatives, reproductions or copies, including DVDs, and further waive the right to approve the use of such Video or any DVDs, and further do waive any right to compensation for the publication or other use of said Video or DVDs and do hereby release NYCHA from any and all claims of any nature whatsoever arising from their use.

(Signature)

(Print Name)

Date

Beacon School Parent Notification/Consent Form: Day

Name _____ Class Advisory

Beacon High School Trip Date(s): 5 / 23 / 15 to 5 / 23 / 15

Trip Coordinator Samartha Lozada 631-921-3987 slorada@beacon.school.org

Destination WBC Tilden Senior Center - 650 Mother Gaston Blvd Brooklyn, NY 11212

Departure Site Columbus Circle Departure Time 8:00AM Meet at 7:45 AM

Return Site Columbus Circle Return Time 5:30 PM

Mode of Transportation Subway Name of Carrier MTA

Purpose of Trip Community Service Day of Action

This trip will include the following physical activities:

I, the parent/guardian of the student named above, hereby give my permission for my child to take part in the trip to _____, described above.

a) I understand that there are potential risks associated with the above-listed activities and I consent to my child's participation in all activities except for the following:

b) Please indicate below any permanent or temporary medical or other condition including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child: _____

c) I understand that as a parent, if I believe it is necessary to limit my child's activity to a great extent, then the school may not be able to accommodate my child on this trip and that I and my child will be informed of this decision as soon as possible upon the receipt by the school of this completed consent form.

d) I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.

e) I am responsible for getting my child to and from the departure and return site identified above. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination site, and from the destination site to the return site.

f) I understand that it is within the school's discretion to change travel, accommodations and other arrangements as it deems necessary. I will be informed of such changes as soon as practicable.

g) I understand that the school in arranging for my child's travel and accommodation selected commercial airlines, trains, restaurants, hotels and other services whose performance and service cannot be controlled by the school. Consequently the school is not responsible for the actions of these commercial entities, including but not limited to lost luggage, unsatisfactory quarters, and refunds.

- h) I understand that my child is expected to behave responsibly and to follow the school's discipline code and policies.
- i) I agree and understand that I am responsible for the actions of my child, and I release the school from all claims and liabilities that arise in connection with the trip, except if due to the negligence of school officials.
- j) I understand that students who violate the school's discipline code may be excluded by the school from participating in a trip. Additionally, I understand that if a serious or reported violation occurs while on the trip, it is within the school's discretion to send my child home from the program, of which I will be informed. I understand if my child is sent home early, I am responsible for all cost associated with such early departure and forfeit any monies paid that are not refunded to the school.
- k) In an emergency I can be reached at: Day: () _____ Evening: () _____
 Additional Contact: Name _____ Day: () _____ Evening: () _____
- l) I give my permission for my child to participate in this school service learning project.

(Signature of Parent/Guardian) (Date)

STUDENT DECLARATION

I have read this form and I understand that I am to act on this trip in the same responsible manner in which I am expected to conduct myself in school. I accept the rules and regulations set forth by the School and the Department of Education for trips. I will obey the rules and regulations of the Beacon School and Department of Education. I agree to accept the travel conditions selected by the School. I will participate in the pre-orientation and post-orientation programs provided by the School and the Department of Education. I understand that alcoholic beverages and/or illegal drugs of any and all kinds are strictly prohibited and that if I am found in possession of these substances, I will be subject to school disciplinary procedures and possible criminal prosecution.

(Signature of Student)

(Date)