



## Chambers County Career Technical Center

502 Vocational Drive, Lafayette, AL 36862  
Phone: (334) 864-8863 / Fax: (334) 864-9394

### BASIC RESIDENTIAL CARPENTRY PROGRAM

PRESENTED IN PARTNERSHIP BY  
CHAMBERS COUNTY BOARD OF EDUCATION &  
ALABAMA HOME BUILDERS FOUNDATION

**Program Specifics:** Working through Chambers County Board of Education, a FREE, eight-week course will be offered to adult learners needing basic knowledge and skills in the residential carpentry field. The class will be taught by Seth Stehouwer. **Beginning on Wednesday, April 8 and ending on Wednesday, May 20, the class will meet on Monday and Wednesday evenings from 5:30 – 7:30 p.m.**

#### Course Outline:

**Week 1 – Basic construction tools; reading a tape measure; importance of safety**

**Week 2 – Basic construction site layout; reading blueprints**

**Week 3 – Floor framing, wall framing**

**Week 4 – Roof and ceiling framing; cutting rafters**

**Week 5 – Window and door installation; siding and exterior trim**

**Week 6 – Interior trim and finishes**

**Week 7 – Stairs**

**Week 8 – Finishing; wrap-up/making your certificate to work for you**

Each class meeting would provide time for classroom instruction and hands-on time in the shop.

**Expected Outcome:** Students completing the course requirements will receive NCCER credits as well as a certificate of completion from the Home Builders Association of Alabama.

**Class will be held at the Chambers County Career Technical Center, 502 Vocational Drive, Lafayette, Alabama 36862.**

There is a limit of 15 students per class. Note: the class must have thirteen registrants to run; in the case it does not fill up, students will be invited to attend a future class. Please fill out the registration form and sign the liability waiver. You can scan and email, send by mail, or fax.

**Phone:** 1-800-745-4222

**Email:** [koryboling@hbaa.org](mailto:koryboling@hbaa.org)

**Fax:** (334) 834-5380

**Mail:** AHBF, P.O. Box 241305, Montgomery, AL 36124-1305



Carpentry Certificate Program
Spring 2020 Registration Form - Chambers County

REQUIRED INFORMATION:
(Please print legibly in ink.)

Name: \_\_\_\_\_ Best phone contact (include area code): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

\*Email: \_\_\_\_\_ \*This our primary way of communicating with you.

Do you work for a member of Home Builders Association of Alabama? \_\_\_\_\_
If so, name of member: \_\_\_\_\_

Why do want to participate in this program?

\_\_\_\_\_

If selected for this program, do you consent to have your contact information posted on the
Foundation's job board, so you can be contacted for jobs? \_\_\_\_\_ YES \_\_\_\_\_ NO

Although the class is free, we do ask you to follow us on Facebook so that we can easily share
information with you. https://www.facebook.com/AlaHBFoundation/

OPTIONAL INFORMATION: This is not required for attendance in the class, but it will help
instructors plan activities that best meet the needs of those enrolled.

SEX: \_\_\_M \_\_\_F AGE: \_\_\_\_\_

WORK EXPERIENCE IN CONSTRUCTION FIELD: \_\_\_\_\_YES \_\_\_\_\_NO
IF YES, PLEASE DESCRIBE:

\_\_\_\_\_

How did you hear about this program?

\_\_\_\_\_

PLEASE NOTE: Pre-registration does not guarantee acceptance. Applicants will be notified of their
status within one week of the start of class. If you are not selected for this session, future classes
will be offered

**CARPENTRY CERTIFICATE PROGRAM  
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this program.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the program in which I may participate, and that it will govern my actions and responsibilities at said program. In consideration of my application and permitting me to participate in this program, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my disability, personal injury, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this program, THE FOLLOWING ENTITIES OR PERSONS: Alabama Home Builders Foundation, the Chambers County Board of Education, and/or their directors, officers, employees, volunteers, representatives, and agents, and the program holders, sponsors, and volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this program, whether caused by the negligence of release or otherwise.

I acknowledge that the entities or persons listed above are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this program may involve a test of a person's physical and mental limits and carries with it the potential for serious injury.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed.

I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Participant's Name *(Please print legibly)*.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature