



## Dothan Technology Center

3165 Reeves St  
Dothan, AL 36303

### BASIC RESIDENTIAL CARPENTRY PROGRAM

PRESENTED IN PARTNERSHIP BY  
ALABAMA HOME BUILDERS FOUNDATION, DOTHAN TECHNOLOGY CENTER, AND HBA OF DOTHAN  
AND THE WIREGRASS AREA

**Program Specifics:** Working through Dothan Technology Center, a FREE, nine-week course will be offered to adult learners needing basic knowledge and skills in the residential carpentry field. Beginning on Tuesday, October 11 and ending on Tuesday, December 6, the class will meet on Monday and Tuesday evenings from 5:30 – 8:00 p.m.

#### Course Outline:

Week 1 – Importance of safety (tool and shop safety)

Week 2 – Basic construction tools; reading a tape measure

Week 3 – Basic construction site layout; reading blueprints

Week 4 – Floor framing, wall framing

Week 5 – Roof and ceiling framing; cutting rafters

Week 6 – Window and door installation; siding and exterior trim

Week 7 – Interior trim and finishes

Week 8 – Stairs

Week 9 – Finishing; wrap-up/making your certificate 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 a certificate of completion from the Alabama Home Builders Foundation.

**Class will be held at Dothan Technology Center in Dothan, Alabama.**

There is a limit of 15 students per class. Note: the class must have ten 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
Fall 2022 Registration Form - Dothan

REQUIRED INFORMATION:
(Please print legibly in ink.)

Name: \_\_\_\_\_ Phone Number (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 Selma 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.

**By signing below:**

**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. I ALSO CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND ELIGIBLE TO PARTICIPATE.**

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

\_\_\_\_\_  
Date

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