



14930 LaPlaisance Rd Suite 111, Monroe, MI 48161 (734)243-2048
www.habitatmonroemi.org

Volunteer Data Sheet | PLEASE PRINT CLEARLY!!
Contact Information

Please tell us about yourself and let us know how to get in touch with you.

Name:		Today's Date:
Street Address:		Birth date*:
City:	Zip:	*If under 18, need parental permission
Preferred Phone Number:	Email (used for volunteer survey/e-blasts):	
Employer:	Occupation:	
Church Affiliation:	Group/Organization Affiliation:	

How did you hear about us?
 Facebook Website
 Friend/Family Poster
 Other _____

Have you ever volunteered with Habitat?
 When? _____ Feedback on experience:
 Where? _____

Please note any disabilities you may have that would interfere with the work day.

Release and Waiver of Liability (continued on back)

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") is executed on this ____ day of _____, 20____, by _____,
 (number) (month) (year) (your name)

in favor of Habitat for Humanity of Monroe County, Humanity International, Inc., and any other Habitat for Humanity affiliated organization, and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties").

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: working in Habitat for Humanity offices or Habitat for Humanity ReStore operations; traveling to and from work sites, towns, cities or countries; consuming food available or provided; living in housing provided for volunteers; constructing and rehabilitating residential buildings; and other construction-related activities.

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

Release and Waiver. I, the Volunteer, do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereafter arise from or is in any way related to my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers.

I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

It is the policy of Habitat for Humanity that children under the age of 16 are not allowed on Habitat for Humanity worksites while construction is in progress. It is further the policy of Habitat for Humanity that, while minors between the ages of 16 and 18 may be allowed to participate in construction work, using power tools, excavation, demolition, working on rooftops and similar activities are not permitted for anyone under the age of 18.

Medical Treatment. I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties.

If the Volunteer is less than 18 years of age, the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the "Guardians") also hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Minor Child.

Assumption of the Risk. I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, the following: construction; loading and unloading; travel to and from the work sites; and exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

I also understand there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) or country(ies) visited. I further understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, inclement weather or other circumstances that could threaten my health or safety. I also understand that it is the policy of the Released Parties to not pay ransom or make any other payments to secure the release of hostages.

I hereby expressly and specifically assume the risk of injury or harm in the Activities and release the Released Parties from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

Safety Orientation. I, the Volunteer, do hereby verify that I was given an OSHA certified safety orientation by the staff of Habitat for Humanity of Monroe County which included inherit risks and safety concerns while on the job site.

Insurance. I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

Volunteers Only: As applicable, I acknowledge that I am seeking to become or continue as a volunteer with Habitat For Humanity of Monroe County. I acknowledge that Habitat For Humanity of Monroe County has a legitimate business need to obtain my consumer report including Sex Offender Registry Check and Criminal Background Check, to protect the safety and security of the premises in which volunteer services may be rendered, to ensure the safety of vulnerable populations, including but not limited to, children, the elderly, and the indigent, and to protect the reputation of Habitat For Humanity of Monroe County and the quality of services it provides. This Authorization is valid for current and future reports, and I specifically understand that Habitat For Humanity of Monroe County intends for this Authorization to cover both my anticipated engagement as a volunteer or my application for employment and, any additional consumer reports obtained while I remain a volunteer or employee.

Photographic Release I, the Volunteer, give Habitat for Humanity of Monroe County and its representatives and employees the right to take photographs of me in connection with my volunteer experience. I authorize Habitat for Humanity of Monroe County, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Habitat for Humanity of Monroe County may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Photographic and Thrivent Contact Release: Unless otherwise indicated, I, the volunteer, grant and convey unto Thrivent Financial and Habitat for Humanity all right, title, and interest in any and all photographic images and video or audio recordings made by Thrivent Financial and Habitat during my work for Habitat, Thrivent Financial and the Thrivent Builds program, for any purpose whatsoever – commercial or otherwise – without compensation to me. I also understand that, in order to continually improve the program, someone from Thrivent Financial may contact me to get my feelings and perceptions on my experience with Thrivent Builds and/or may share with me additional benefits of Thrivent Financial membership.

Do not share my info with Thrivent.

Other. I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where the Activities take place. I further agree that in the event any clause or provision of this 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 clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

To express my understanding of and agreement with this Release, I sign here with a witness.

Printed name of Volunteer	Signed name of Volunteer	Date
Parent must sign if Volunteer is under 18 years of age!		
Printed name of Parent/Guardian*	Signature of Parent/Guardian*	Date
(required if Volunteer is under 18)	(required if Volunteer is under 18)	
Printed name of Witness	Signature of Witness	Date

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone Number/contact: _____ Volunteer's medical information: _____

