

Charlotte County
 **Habitat for Humanity**[®]
VOLUNTEER APPLICATION

Thank you for choosing to volunteer with Charlotte County Habitat for Humanity. Because of your support, we are truly making a difference in our community! Before volunteering within our affiliate, individuals must first meet with our Volunteer Coordinator and complete a Volunteer Application/Release and Waiver of Liability. Participants between the ages of 14-18 must have a parent/guardian sign the Release and Waiver of Liability (Page 2) and attend the meeting as well. **FOR LIABILITY REASONS, WE CANNOT ACCEPT VOLUNTEERS UNDER THE AGE OF 14 YEARS OLD.** To schedule a meeting with our Volunteer Coordinator, please call 941.639.3162 or email volunteers@charlottecountyhfh.org.

VOLUNTEER APPLICANT INFORMATION *please print clearly*

FIRST NAME: _____ LAST NAME: _____

Local Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #1 (home, cell, work): _____ Telephone #2 (home, cell, work): _____

Email Address: _____ Male Female

Your Age-Range: 14-17 years 18-30 years 31-55 years 56-65 years 66+ years

EMERGENCY CONTACT Name: _____ Phone: _____ Relationship to you: _____

Please identify any individual, group or organization associated with your involvement with Habitat:

(Habitat Homeowner, Habitat Family Partner, Church Name, School Name, Business Name, etc.)

← IF YOU ARE VOLUNTEERING FOR A SINGLE EVENT ONLY, PLEASE CHECK HERE AND PROCEED TO PAGE 2 →

VOLUNTEER INTERESTS & AVAILABILITY *(please 'check' all areas of interest and availability)*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

OFFICE	RESALE STORES	CONSTRUCTION
<input type="checkbox"/> General Office <input type="checkbox"/> Data Entry <input type="checkbox"/> Mailings <input type="checkbox"/> Receptionist <input type="checkbox"/> Special Events <input type="checkbox"/> Committees	<input type="checkbox"/> Murdock <input type="checkbox"/> Punta Gorda <input type="checkbox"/> Englewood <input type="checkbox"/> Sales Assistant <input type="checkbox"/> Receiving Area <input type="checkbox"/> Clerical/Phones <input type="checkbox"/> Clean Furniture <input type="checkbox"/> Sort Knick-Knacks <input type="checkbox"/> Sort Clothing	<input type="checkbox"/> Finish Carpentry <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Rough Carpentry <input type="checkbox"/> Interior Painting <input type="checkbox"/> Roofing <input type="checkbox"/> Drywall <input type="checkbox"/> Site Cleanup <input type="checkbox"/> Landscaping

If seasonal, please indicate months available: From _____ To _____

Would you like to receive our weekly email 'blast' which indicates our volunteer needs? Yes No

COURT-ORDERED COMMUNITY SERVICE

What is your current offense? _____

Required Hours: _____ Deadline Date: _____ Have you been convicted of any prior offenses? Yes No

Volunteer Release and Waiver of Liability

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

This Release and Waiver of Liability is executed by the below signed Volunteer in favor of Charlotte County Habitat for Humanity, a Florida non-profit corporation, Habitat for 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 other Released Parties and engage in the activities related to being a volunteer (the "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 ReSale Store operations; Traveling to and from work sites, towns, cities, or countries; Consuming food available or provided; Living in housing provided for volunteers; Constructing and rehabilitation 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 years old are not permitted on Habitat for Humanity worksites while construction is in progress (15 years old is permitted if accompanied by parent). It is further the policy of Habitat for Humanity that, while minors between the ages of 16 and 18 years old 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 years old.

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 communities 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.

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.

PHOTOGRAPHIC RELEASE. I, the Volunteer, do hereby grant and convey unto Habitat for Humanity International, Inc., all right, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

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.

Habitat has a zero-tolerance policy regarding racial and/or sexual harassment. Any conduct or action, whether overt or subtle, which creates an offensive or hostile environment is prohibited and will be grounds for immediate dismissal from our volunteer program. Habitat reserves the right to refuse or terminate volunteer opportunities to any individual or group. Habitat does not accept volunteers who have been convicted of a crime that is considered sexual in nature. Habitat reserves the right to refuse volunteer opportunities to persons who have been convicted of theft/burglary crimes or crimes that are considered violent in nature. I, the Volunteer, have carefully read this document, fully understand its contents, and sign it voluntarily.

VOLUNTEER

Name (please print): _____ Signature: _____ Date: _____

parent/guardian must sign if
volunteer is under the age of 18

PARENT/GUARDIAN NAME (please print): _____ Signature: _____