



Volunteer Application - Minor

*Thank you for your interest in Arcadia-Desoto County Habitat for Humanity.
 The information you provide will help us place you in a volunteer position which
 best suits your interests and skills as well as the needs of our affiliate.*

Contact Information

Date of Application: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____ Birthday: _____

Affiliations

1. Are you volunteering as a result of court-ordered community service? Yes No

If yes, please request and complete the Probation Worker's Form.

2. Are you volunteering for a community service profile (i.e. school, service club, place of employment):

Areas of Interest

Please indicate which of the following areas and specific tasks you are interested in volunteering in:

Office

Resale Store

Other

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Computer Entry | <input type="checkbox"/> Receiving | <input type="checkbox"/> Pickup & Delivery | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Sales Floor Rep. | <input type="checkbox"/> Cleaning & Marking | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Telephone Asst. | <input type="checkbox"/> Furniture Mover | <input type="checkbox"/> Product Testing | <input type="checkbox"/> Family Mentor Committee |
| | <input type="checkbox"/> Cashier | <input type="checkbox"/> Organize Displays | <input type="checkbox"/> Property & Government Comm. |

Construction Skills

Please estimate your skill levels in the following areas by marking 1, 2 or 3 with one being professional skill level.

1. Professional 2. Skilled 3. Willing Worker

Cabinets _____ Roofing _____ Doors _____ Site Clean-up _____ Flooring _____ Framing _____
 Trim & Carpentry _____ Insulation _____ Vinyl Siding _____

Emergency Contact Information

In case of emergency, please contact:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Medical Information

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer's / Participant's medical history:

Allergies (medicine, food, etc.): _____ Medicine being taken: _____

Physical Impairments: _____ Other: _____

Confidentiality Agreement

We want to give every volunteer all of the information they require in order for their volunteer responsibilities to be fully completed. We also have to protect the rights of all our stakeholders including donors, employees, families, volunteers, Board Members, our affiliates, and the faith communities in which we partner and support. It is with this in mind that we are requesting that each volunteer sign a Confidentiality Agreement to reflect the importance of this matter and to protect the integrity of the information and material that volunteers will receive related to the business conducted by Arcadia-Desoto County Habitat for Humanity (ADCHFH).

I, _____ agree that I will not:

- Act in any way that would harm or cause the reputation of ADCHFH or any of their stakeholders to be adversely affected
- Divulge or make known to anyone any information of a sensitive or confidential nature, printed or otherwise, relating to the nature of our business, but not limited to: financial information, donor information, supplier information, Habitat family information, all data and information that is used to perform my volunteer responsibilities will remain the exclusive property of ADCHFH and will be returned to ADCHFH upon my leaving.
- I acknowledge that the provisions of this agreement shall continue to apply after I no longer volunteer for ADCHFH, for whatever reason, for a period of three years. However, these provisions shall cease to apply to any information which comes into the public domain as a result of authorized disclosure.

Volunteer Signature: _____ Date: _____

RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20____ by _____ (the "Volunteer") in favor of Arcadia-Desoto County Habitat for Humanity, a Florida nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat"). Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). _____ understands that the Activities may include construction and rehabilitating residential buildings, working in the Habitat offices, and living in housing provided for Volunteers of Habitat. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Habitat. Volunteer understands that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Habitat does 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 or illness.

2. Medical Treatment: Volunteer does hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's activities with Habitat.

3. Assumption of the Risk: Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

4. Insurance: Volunteer understands that, except as otherwise agreed to by Habitat in writing; Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteers. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

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

6. Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. Volunteer agrees that in the event that 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 provisions of this Release, which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Name (please print): _____ Signature: _____

Witness Name (please print): _____ Signature: _____

Parent/Guardian (please print): _____ Signature: _____