



Cheboygan County
Habitat
 for Humanity®

9385 N Straits Hwy./PO Box 309
 Cheboygan, MI 49721
 Office: 231-597-4663
 ReStore: 231-597-9463
 Fax: 231-597-0496

Volunteer Application-Please return via email, fax or mail!

Name: _____ Date: _____

Address: _____ Zip Code: _____

Home #: _____ Cell #: _____ Work #: _____

Email: _____ Occupation: _____

DOB: _____ If under 18 we need parent/guardian initials: _____

Emergency Contact Information

Name of person to contact in the event of an emergency: _____

Relationship to you: _____ Phone #: _____

Medical Conditions/Special Accommodations/Allergies that you would like us to make for you?

Service Term Desired: (Circle the applicable)

- One-time volunteer
- Long term volunteer
- Other (Please Clarify): _____
- Unsure

Preferred Start Date:

What specific areas would you like to assist in? _____

How did you hear about Cheboygan County Habitat for Humanity and our Volunteer Program?

What is your preferred method of contact?

- Via email Preferred Email Address: _____
- Via phone Preferred Phone Number: _____

Would you be interested in being a part of an email database that will update you on Cheboygan County Habitat events and activities?

- Yes
- No

Number of Hours Available to Volunteer Each Week:

- 1-5
- 5-10
- 10-15

Please list the day/time frames you are available to volunteer:

Background Information:

Because the nature of our work requires us to work with at risk families and youth, Cheboygan County Habitat requires its volunteers and staff to provide authorization and consent to a standard background check process, as a matter of policy.

Have you ever been convicted of a felony? (Yes/No) _____ If indicated yes, when: _____

I, _____, am requesting to volunteer at Cheboygan County Habitat. I understand that I am to treat this experience like a job and be respectful of others volunteering, the organization, equipment, staff and partner families. I accept with my signature, as proof of agreement and willing compliance.

Signature of Applicant and Parent if younger 18

Date

Signature of Applicant and Parent if younger 18

Date

Please complete the include waiver of liability as well. If you are a minor, your waiver must be notarized before beginning your volunteer shift.



IMPORTANT:
Each volunteer must have a signed "Release and Waiver of Liability" on file.

Release and Waiver of Liability

PLEASE READ CAREFULLY!

THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

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.

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 and affiliates., 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.

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

Volunteer: Name (please print): _____

Signature: _____

Witness: Name (please print): _____

Signature: _____

Date: _____