



# Volunteer Request and Approval Form

All Volunteers requesting to join Habitat for Humanity of Tuolumne County must be approved by the Department Head they wish to volunteer in prior to being authorized to volunteer in any capacity.

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Which area of Habitat would you like to volunteer in?  Office  ReStore  Construction

How long are you interested in volunteering? (Note: Community Service volunteers are required to complete an alternate form. Please see the Administrative Office for additional details.)

One Time (Temporary)  One Week to One Month (Temporary)

Once per week (regular)  Once per month (regular)  Multiple Times per week (regular)

Other \_\_\_\_\_

**Habitat for Humanity of Tuolumne County will conduct a criminal and sexual offender search of each volunteer. Please acknowledge your understanding below.**

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

*For Office Use Only*

Criminal Offender: Yes  No  Sexual Offender: Yes  No

Response: \_\_\_\_\_

Approved  Dismissed

Reason: \_\_\_\_\_

Management Signature \_\_\_\_\_ Date \_\_\_\_\_



## Habitat for Humanity of Tuolumne County Confidentiality Agreement

It is essential that anyone affiliated with Habitat for Humanity of Tuolumne County (board, staff, committee members, and other volunteers) commit to preserve the security and privacy of confidential information regarding our homeowner family partners and applicants.

This requires that you respect the privacy rights of homeowner family partners and applicants, and create a level of trust so partners and applicants can receive services in a respectful manner.

1. Do not share confidential information to anyone not specifically authorized to have that information.
2. Do not discuss a partner or applicant's situation in public places.
3. Handle inquiries from outsiders regarding partners or applicants by referring them to the Board president, Chief Executive Officer or other authorized person.

I understand these requirements, and agree to hold all confidential information obtained in the course of my service to Habitat for Humanity of Tuolumne County in the strictest confidence and security. I will respect the right to privacy of partners and applicants. I will not inappropriately disclose, discuss or mishandle any information regarding family partners or applicants.

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Printed Name

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Date

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Signature



## Release and Waiver of Liability

### 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 \_\_\_\_\_, (the "Volunteer"), in favor of Habitat for Humanity of Tuolumne County, Inc., 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 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.

**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 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.

**Background Check.** I, the Volunteer, do hereby grant and convey unto Habitat for Humanity International, Inc., the right to request a Live Scan at any point during my time as an active volunteer. I, the Volunteer, also understand that I may be denied the opportunity to volunteer due to, but not limited to, crimes that are of the following nature; violent, sexual, and felony theft. It is mandatory for Volunteers participating on construction projects or within homes to obtain a Live Scan. The document entitled "Request for Live Scan Service" can be obtained from the HFHTC Executive Assistant. If you are unable to afford the rolling fee, please contact the HFHTC President/CEO at (209) 536-0970 to discuss reimbursement prior to obtaining a Live Scan.

**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.

**Volunteer:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C/W) \_\_\_\_\_ E-mail: \_\_\_\_\_



# Personnel Medical Information Form

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee/Volunteer Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (C/W): \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Health issues that may cause a medical emergency:

- Allergies: \_\_\_\_\_
- Do you carry an Epi-Pen?      Yes      No
- Diabetes: \_\_\_\_\_
- Known illnesses: \_\_\_\_\_
- Other: \_\_\_\_\_

### Medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ANY RELIGIOUS RESTRICTIONS:**      Yes      No

### PRIMARY CARE PHYSICIAN

Name: \_\_\_\_\_

Office: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

#### 1<sup>st</sup> Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (C/W): \_\_\_\_\_ E-mail: \_\_\_\_\_

#### 2<sup>nd</sup> Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H): \_\_\_\_\_ (C/W): \_\_\_\_\_ E-mail: \_\_\_\_\_

*Please Note: This form is not required but requested in case of medical emergency. If you have any questions, please contact the Administrative Office at (209) 536-0970.*