

VOLUNTEER REGISTRATION

Name:	Today's Date:
Address:	Phone:
City/State/Zip:	Date of Birth:
Email Address:	
Emergency Contact:	Phone:
Other Church/Civic Relations:	Thrivent Member*: Yes / No <i>*This information is related to a grant from Thrivent Financial.</i>
I am available to volunteer (please check all that apply): <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
The best times for me to volunteer include:	

Please Read--Habitat for Humanity of Washington and Dodge Counties Basic Safety Policy

1. Only attempt work that you are physically comfortable doing.
2. Seek instruction prior to using any power tools or equipment.
3. Step ladders should always be fully opened with braces engaged; never stand on top two rungs.
4. Always use safety equipment while using tools; locate first aid kits prior to beginning work.
5. Keep walkways clear of debris; keep tools and materials against the wall.

More task specific safety instruction will be provided during on-site orientation as needed

I have read and understand the safety points listed above. Yes / No

I am good at or interested in (Please check all that apply):		
<u>ReStore</u> <input type="checkbox"/> Pricing <input type="checkbox"/> Sales <input type="checkbox"/> Cleaning <input type="checkbox"/> Stocking/Organizing <input type="checkbox"/> Repair/Tinkering <input type="checkbox"/> Driving/Delivery	<u>Construction</u> <input type="checkbox"/> Drywall <input type="checkbox"/> Masonry <input type="checkbox"/> Roofing <input type="checkbox"/> Flooring <input type="checkbox"/> Rough Construction <input type="checkbox"/> Finish Carpentry	<u>Other</u> <input type="checkbox"/> Computers <input type="checkbox"/> Fundraisers <input type="checkbox"/> Marketing <input type="checkbox"/> Committee membership <input type="checkbox"/> Product or monetary donations

Check us out on Facebook or visit our website for events: www.hfhwashco.org

Interested in receiving our quarterly newsletter via email? Please initial here: _____

Affiliate Office
 724 Elm St., Ste. 103
 West Bend, WI 53095
 (262) 338-0690

Beaver Dam ReStore
 1022 Madison St.
 Beaver Dam, WI 53916
 (920) 885-4518

Germantown ReStore
 W188N10707 Maple Rd.
 Germantown, WI 53022
 (262) 255-7470

West Bend ReStore
 508 N. Main St.
 West Bend, WI 53090
 (262) 334-1801



Volunteer Agreement, 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 Washington and Dodge Counties, Habitat for Humanity International, Inc. and any other Habitat for Humanity affiliated organization¹, and their respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers and agents (collectively, the "Released Parties").

I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent to participate in all volunteer Activities. I have read and understand this Release and Waiver of Liability, any questions of mine have been answered, and I voluntarily agree to the provisions. It is my intent to bind my heirs, next of kin, assigns and legal representative.

SIGNATURE OF VOLUNTEER 18 YEARS OR OLDER:

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

IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must complete the signature section below. If only one parent or guardian signs these forms on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, that he/she is fully authorized to do so, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF MINOR VOLUNTEER:

Name of Volunteer Under 18 Years Old: _____ **Date of Birth:** _____

I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent, on behalf of the above listed minor child, for him/her to participate in all Activities as set forth in the above Volunteer Agreement, Release and Waiver of Liability, and such terms are incorporated herein. I have read and understand the above Volunteer Agreement, Release and Waiver of Liability, any questions of mine have been answered, and I voluntarily agree to all such provisions. It is my intent to bind my and the minor Volunteer's heirs, next of kin, assigns, and legal representatives.

Parent/Guardian (Print) _____

Parent/Guardian (Print) _____

Parent/Guardian (Signature) _____

Parent/Guardian (Signature) _____

Parent/Guardian Address _____

Parent/Guardian Address _____

City _____ **State** _____ **Zip** _____

City _____ **State** _____ **Zip** _____

P/G Phone _____

P/G Phone _____