



Volunteer Application Form 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: _____

Street Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-Mail Address: _____ Birthday: _____

Emergency Contact: _____ Contact Number: (____) _____ - _____

Northern Address _____ City _____ State/Zip _____

Months spent up north? _____ to _____

Affiliations

1) Are you volunteering as a result of court-ordered community service? ☐ Yes ☐ No If yes, please answer the three questions below.

a) Have you previously been convicted of any other criminal offense(s)? ☐ Yes ☐ No

b) What is the offense related to the court-ordered community service? _____

c) How many court-ordered community service hours are needed? _____ to be completed by _____

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.

<u>Office</u>	<u>Resale Store</u>		<u>Other</u>
<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 ___ Landscaping & Sod ___

Painting ___ Concrete finishing ___ (other) _____

Volunteer Confidentiality

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 (ADCHF). Agreement

I, _____, agree that I will not: • Act in any way that would harm or cause the reputation of ADCFH 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:

O 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 ADCFH and will be returned to ADCFH upon my leaving.

I acknowledge that the provisions of this agreement shall continue to apply after I no longer volunteer for ADCFH, 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: _____

Emergency Contact Information

Name: _____ Phone: _____
Work: _____ Cell: _____

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, ect): _____ Medicine being taken: _____

Physical impairments _____
Other _____

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20 _____, by

_____, a minor child (the "Volunteer") and _____, the parent having legal custody and/or the legal guardian of the volunteer (the "Guardian"), in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Arcadia-Desoto County Habitat for Humanity, Inc., a Florida nonprofit corporation, their directors, officers employees, and agents) collectively, "Habitat").

The Volunteer and Guardian desire that the Volunteer work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer and the Guardian understand that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, and living in housing provided for volunteers of Habitat.

The Volunteer and Guardian do hereby freely, voluntarily, and without duress execute this Release under the following terms:

Release and Waiver. Volunteer and Guardian do hereby release and forever discharge and hold harmless Habitat and its successors and assigns from all 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 and Guardian understand that this Release discharges Habitat from any liability or claim that the Volunteer or Guardian 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 and Guardian also understand 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.

It is the policy of Habitat that children under the age of 14 not be allowed on a Habitat worksite while there is construction in progress. It is further the policy of Habitat that, while children between the ages of 16 and 18 may be allowed to participate in construction work, ultra hazardous activity such as using power tools, excavation, demolition or working on rooftops is not permitted by anyone under the age of 18.

Medical Treatment. Volunteer and Guardian do 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 or with the decision by any representative or agent of Habitat to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

Assumption of the Risk. The Volunteer and Guardian understand that the Activities may 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 and Guardian hereby expressly and specifically assume the risk of injury or harm in the Activities and release Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance. The Volunteer and Guardian understand that except as otherwise agreed to by Habitat in writing; Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release. Volunteer and Guardian do hereby grant and convey unto Habitat all right, 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.

Other. Volunteer and Guardian expressly agree 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 and Guardian agree 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 and Guardian have 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: _____