

CONTACT INFORMATION - ALL FIELDS ARE REQUIRED, PLEASE PRINT CLEARLY.

1. Last name	2. First name and middle initial	3. Today's date
4. Street address		5. Apt. #
6. City	7. State	8. Zip
9. Home phone #	10. Cell phone #	11. Date of birth
12. E-mail		
13. Your emergency contact's name		14. Your emergency contact's phone #

GROUP INFORMATION - PLEASE PRINT CLEARLY OR CHECK ALL THAT APPLY.

15. Are you volunteering with a group? No Yes If no, skip to question 18. If yes, please continue to question 16.

16. Group or organization name

17. I am the primary contact for this group: No Yes

DEMOGRAPHICS - PLEASE CHECK ALL THAT APPLY.

Demographic data is requested for aggregate reporting and tracking purposes and for aiding Habitat Choptank in obtaining grants. This information is confidential and used in a non-discriminatory manner. It is optional to complete.

18. Race/Ethnicity: White/Caucasian Black/African American Hispanic Asian Other Please specify: _____

19. Marital Status: Single Married Widowed Separated or Divorced

20. Gender: Female Male

21. Were you born in or between the years 1946 -1964? No Yes

22. Age: 16-17 18-24 25-34 35-44 45-54 55-64 65-74 75 or older

23. Is this your first time volunteering with Habitat Choptank? No Yes

24. Why are you volunteering? Personal interest To complete community service hours Other Please specify: _____

25. How did you hear about Habitat Choptank? Online Flyer or Brochure Word of mouth Other Please specify: _____

26. Have you visited the: Habitat Choptank Website Habitat Choptank Facebook Page ReStore Facebook Page None

EDUCATION - PLEASE PRINT CLEARLY OR CHECK ALL THAT APPLY.

27. Are you currently a student? No Yes If no, skip to question 30. If yes, please continue to question 28.

28. Are you a full time or part time student? Currently a full time student Currently a part time student

29. School name

30. Level of education: High School Graduate Bachelor's Degree Advanced Degree Other Please specify: _____

31. Do you fluently speak another language in addition to English? No Yes Please specify: _____

32. Do you hold any professional licenses or certifications? No Yes Please specify: _____

EMPLOYMENT - PLEASE PRINT CLEARLY OR CHECK ALL THAT APPLY.

33. Please specify your employment: Not currently employed Currently employed full time Currently employed part time Retired

34. Current or former employer name

35. Please specify your service in the US Military: Not in the US Military Active duty Reserves Veteran

ALLERGIES AND DIETARY RESTRICTIONS - PLEASE PRINT CLEARLY OR CHECK ALL THAT APPLY.

36. Do you have any allergies or dietary restrictions? No Yes If no, skip to question 38. If yes, please continue to question 37.

37. Allergies or dietary restrictions

AVAILABILITY AND SKILLS - PLEASE CHECK ALL THAT APPLY.

38. When are you available to volunteer? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

39. Please specify your skill level:	No interest or experience	Willing to learn	Some experience or training	Expert or licensed professional
Mechanical, electrical, or plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural framing or concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roofing, siding, drywall, or flooring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data entry or word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event planning, fundraising, or marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food preparation or catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sales, retail, or merchandising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance or financial planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web or graphic design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video or photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music or singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Which volunteer opportunities are you interested in?

- Office
- Construction Home Repair Pre-Demolition Salvage
- Cookie Crew Lunch Bunch ReStore

39. You will learn about the following opportunities at the new volunteer orientation. You may register for one on the event scheduler which follows. After the orientation you may contact the Volunteer Coordinator at volunteers@habitchoptank.org to get involved in one of these activities.

- | | | |
|--------------------------------|-----------------------------|--------------------------|
| Building Committee | Finance Committee | Site Selection Committee |
| Resource Development Committee | Youth Programs | Partnership Committee |
| Tool Tenders | Faith Relations Committee | VoICE |
| Family Selection Committee | Homeowner Support Committee | ReStore Committee |
| Mortgage Service Committee | Special Events Committee | |

40. I understand that I am personally responsible for reading and abiding by the policies and procedures contained therein. I also understand that none of the policies and procedures alter my volunteer status, nor do they create an employment contract or agreement. I acknowledge that violation of the policies and procedures may result in correctional action. I hereby accept, and acknowledge receipt and understanding of, the Habitat for Humanity Choptank Volunteer Handbook and any Habitat for Humanity Choptank Companion Manual, as indicated by my signature below.

I hereby certify that all of the above declarations in this application are correct to the best of my knowledge, as indicated by my signature below.

Signature: _____

Parent's Signature (for minors): _____

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS! PLEASE PROVIDE YOUR SIGNATURE.

This Release and Waiver of Liability (the "Release") is executed on this _____ day of _____, 20_____, by _____, (the "Volunteer"), in favor of **Habitat for Humanity Choptank, 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 understand that Habitat for Humanity Choptank screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry.

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 jobsites while construction is in progress. It is further the policy of Habitat for Humanity that, while minors between the ages of 16 and 17 may be allowed to participate in construction work, using power tools, excavating, demolishing, 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 understand that vacant houses built before 1970 may contain lead paint and/or asbestos. Lead paint and asbestos have been shown to cause severe health problems, especially in children under six years of age. Children and women who are pregnant, nursing, or planning to become pregnant should avoid exposure to lead paint and asbestos.

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 and/or Volunteer negligence.

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.

Confidentiality Statement. Habitat is committed to protecting the rights of all of our stakeholders including our volunteers, families, donors, affiliates, and the faith communities in which we partner. Habitat volunteers, employees, and contractors may not divulge or make accessible confidential information belonging to or obtained through their affiliation with Habitat to any person, including relatives, friends, and business and professional associates, other than as authorized in the execution of duties. Volunteers, employees, and contractors must exercise good judgment and care to avoid improper disclosures of confidential information relating to the nature of our business including but not limited to: financial, donor, and Habitat family information.

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: _____

Volunteer's Parent (for minors): Name (please print): _____ Signature: _____

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

FOR OFFICE USE ONLY

Attended Volunteer Orientation	Date	Initials
Application and waiver completed Is this an annual renewal application and waiver? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date	Initials
Added to Constant Contact <input type="checkbox"/> Affiliate General <input type="checkbox"/> Construction Updates <input type="checkbox"/> Office Volunteers <input type="checkbox"/> ReStore General Interest <input type="checkbox"/> ReStore Volunteers <input type="checkbox"/> Other _____	Date	Initials
Added to Sage	Date	Initials
Added to Emergency Contact Spreadsheet	Date	Initials
Conducted Background Check (if applicable)	Date	Initials
Screened on the Sex Offender Registry	Date	Initials