



1941 Benjamin Dr.  
Lansing, MI 48906  
Phone (517) 374-1313  
Fax (517) 374-6279  
www.habitatcr.org

# Volunteer Application Form

Instructions: Please print clearly. Answer all questions. Sign and date the form.

## PERSONAL INFORMATION:

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_  Opt-out of text notifications

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

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

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: (\_\_\_\_) \_\_\_\_\_

Are you under 18 years of age?  Yes  No

If yes, Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes  No If yes, please explain: \_\_\_\_\_

Have you served in the U.S. Armed Forces?  Yes  No

## POSITION INTERESTED IN: (check all that apply)

Construction  Lansing ReStore  Williamston ReStore  Office  Special Event

**PRESENT EMPLOYMENT:**

Full-Time     Part-Time     Internship/Temp     Unemployed     Retired

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**PLACE OF WORSHIP:**

(if applicable): \_\_\_\_\_

**SKILLS AND QUALIFICATIONS:** (licenses, skills, training, awards, etc.)

\_\_\_\_\_

Please state below any other information that would be helpful in determining your qualifications for this position. You may include significant accomplishments, other volunteer experience, or any other information.

\_\_\_\_\_

\_\_\_\_\_

**LIMITATIONS:**

Do you have any impediments that may limit your ability to lift, climb, and/or perform physical activities?

Yes     No    \_\_\_\_\_

**HOW DID YOU HEAR ABOUT HABITAT?**

\_\_\_\_\_

***BACKGROUND CHECKS WILL BE CONDUCTED AS A STANDARD PROCEDURE. YOUR SIGNATURE AT THE END OF THIS APPLICATION GIVES US CONSENT TO DO SO.***



**Habitat**  
**for Humanity**<sup>®</sup>  
Capital Region

Safety Policy Acknowledgment

I, \_\_\_\_\_, have received a copy of the Habitat for  
Humanity Capital Region Safety Manual and have read and understand the same.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME (PRINTED) \_\_\_\_\_

NAME (SIGNED) \_\_\_\_\_

**Please sign & return to Habitat for Humanity Capital Region.**

**Thank you and make it a great day!**

# Release and Waiver of Liability



**PLEASE READ CAREFULLY.  
THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.  
Initial Page 1 and 2. Page 3 is your signature in front of a witness.  
This is Page 1 of the Volunteer Waiver.**

This Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, (the "Volunteer"), in favor of Habitat for Humanity Capital Region, 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; 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.

\_\_\_\_\_ (Your Initials)

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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., 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.

\_\_\_\_\_ **(Your Initials)**

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Conviction. The volunteer states that he/she has not been convicted of a sexual act. HFHCR screens volunteers on the National and Michigan Sex Offender Registry. By signing below you are submitting to such inquiry.

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.

I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not accepting me as a volunteer with Habitat for Humanity Capital Region. I authorize the verification of any or all information listed above, including any background verifications.

Name (printed): \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

*Habitat for Humanity Capital Region expressly prohibits any form of workplace or on-site harassment based on race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability, or veteran status. Improper interference with the ability of Habitat for Humanity Capital Region's volunteers to perform their job duties may result in discipline up to and including discharge.*

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

**Signature:** \_\_\_\_\_