|  |  |
| --- | --- |
|  | Volunteer Registration |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

\_\_\_ Restore (Please check all that interests: \_\_\_Donation Processing / \_\_\_Cashier / \_\_\_Customer- Service Sales Floor / \_\_\_Stocking & Organizing Product / \_\_\_Cleaning Donations)

|  |
| --- |
| Working on current house build |
| Making/Serving Meals/Snacks for volunteers on site |
| Working Special Events |
| Fundraising  \_\_\_ Joining the Family Support Committee |

## Special Skills or Qualifications/ Previous Volunteer Experience

### Summarize your skills and/or previous volunteer experience.

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship To You |  |
| Phone Number |  | Alt. Phone Number |  |

****

**RELEASE AND WAIVER OF LIABILITY**

**Please Read Carefully; this is a legal document that affects your legal rights!**

The Release and Waiver of Liability (the “Release”) executed on this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Volunteer”) in favor of Habitat for Humanity International, Inc., a nonprofit Corporation, and Chippewa Valley Habitat for Humanity, a Wisconsin nonprofit corporation, their directors, officers, employees, and agents (collectively, “Habitat”).

The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, and living in housing provided by volunteers of Habitat.

**The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:**

1. **Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and 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 understands that this Release discharges Habitat from any liability or claim that the Volunteer 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 also understands 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.

2. **Medical Treatment.** Volunteer does 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.

3. **Assumption of Risk.** The Volunteer understands that the Activities 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 hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

4. **Insurance.** The Volunteer understands 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 health coverage.

5. **Photographic Release.** Volunteer does 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. Volunteer consents to Habitat’s use of his/her name, voice, and/or likeness for the purpose to advertising, promotion or any other purpose Habitat deems desirable, and waives any and all claims on them.

6. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. Volunteer agrees that in the event that any clause or provision of the 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.

Nothing in this Release or in the services performed by the Volunteer shall be considered to create the relationship of employer and employee between Habitat and Volunteer.

By signing below, the Volunteer has read, understood, and executed this Release as of the date first above written. Please Print!

**Volunteer Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_ PhoneNumber:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EmailAddress:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Chippewa Valley Habitat For Humanity 923 S. Hastings Way P.O. Box 343, Eau Claire, WI 54701 **Tel:** 715.833.8993 **Web:** www.cvh4h.org