



## Volunteer Profile

Thank you for your interest in volunteering at the ReStore. Your volunteer effort directly helps us build homes for people in our community. We need people 9:30 am to 6:00 pm Tuesday through Saturday. We ask that volunteers be willing to commit for a regular schedule whenever possible. Preference will be given to those able to fulfill this need. Shifts are for a minimum of 4 hours a week in the mornings or afternoons with longer shifts available. If this seems like a good match for your interests and schedule, please complete and return this form. When we have openings related to your skills and interests, we will contact you.

Name: \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

e-mail \_\_\_\_\_ Best time to reach you \_\_\_\_\_

Include on mailing list?  Yes  No -- *we do not share our mailing list with any other organizations*

When were you born? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Required for those under 18: *Parent/guardian's signature to indicate permission for you to volunteer at the ReStore.*

Print name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please check the volunteer areas that interest you – check as many as needed:

- |   |  |
|---|--|
| <input type="checkbox"/> Donation receiving/processing    | <input type="checkbox"/> Pickup/delivery truck driver      |
| <input type="checkbox"/> Pickup/delivery truck helper     | <input type="checkbox"/> Pricing and stocking              |
| <input type="checkbox"/> Merchandise area supervisor      | <input type="checkbox"/> Store organization/maintenance    |
| <input type="checkbox"/> Sales/Cashiering                 | <input type="checkbox"/> Volunteer coordination            |
| <input type="checkbox"/> Merchandising/in-store marketing | <input type="checkbox"/> Internet communications/marketing |
| <input type="checkbox"/> Bookkeeping                      | <input type="checkbox"/> Office assistance                 |

Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_

Please comment on your experience and tell us what interests you most about volunteering at the ReStore

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_

Date \_\_\_\_\_

# 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 \_\_\_\_\_, 2016, by \_\_\_\_\_, (the "Volunteer"), in favor of Springfield/Eugene Habitat for Humanity, 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, 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.*

**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.

\*\*\* Sign on Reverse →

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 the Released Parties 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.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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**If the Volunteer is less than 18 years of age, a parent or guardian must also sign this Release and Waiver of Liability with a witness.**

**Parent/Guardian:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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



1210 Oak Patch Road, Eugene, OR 97402, (541) 741-1707

## Confidentiality

Springfield/Eugene Habitat for Humanity does not share, rent, sell or otherwise give any other person or organization outside of Habitat for Humanity access to volunteer information.

Occasionally, volunteers will need to contact other volunteers, board members, and/or others with regard to their activities with Springfield/Eugene Habitat for Humanity. We expect all such communications to follow standard professional practices. That means that, except for phone numbers or email addresses in these instances, the volunteer will not share the home address or other personal information about a volunteer(s) with anyone else without the express consent of the parties involved.

As a volunteer you may be exposed to proprietary or privileged information while serving with Habitat for Humanity. Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while both serving as a volunteer and thereafter. Such information may pertain to but is not limited to: a partner family, Habitat homeowner, staff person, volunteer, vendor, or third party.

Questions and concerns regarding confidentiality may be directed to appropriate staff members or the executive director.

Print Volunteer Name: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_



## VOLUNTEER EMERGENCY CONTACT FORM

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Emergency Contact Information:** (In case of an emergency whom should we notify?)

### **Primary Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

### **Secondary Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

### **Doctor:**

Name \_\_\_\_\_ Phone \_\_\_\_\_