



# VOLUNTEER APPLICATION & WAIVER

(Please Print)

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

NAME: _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP: _____	
PRIMARY PHONE: (____) _____ - _____		ALTERNATE PHONE: (____) _____ - _____	
EMAIL: _____			DOB: ___ / ___ / ___
EMPLOYER: _____		OCCUPATION: _____	
<i>This box to be filled out only by individuals who are registering as a member of a group, such as a company, religious, or civic organization.</i>			
GROUP NAME: _____			
PLACE OF WORSHIP(optional): _____			
OTHER COMMUNITY GROUPS YOU PARTICIPATE IN(optional): _____			
<i>This information is for CDHFH only. The information provided will be used solely for the purposes of notifying you of CDHFH activities and other solicitations.</i>			

### CONSTRUCTION:

- SKILL LEVEL:**     Professional                       Skilled                       Unskilled, but willing to learn
- SKILLS:**
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Foundation/Concrete Work  | <input type="checkbox"/> Framing/Sheathing | <input type="checkbox"/> Doors/Windows/Siding             |
| <input type="checkbox"/> Roofing                   | <input type="checkbox"/> Electrical        | <input type="checkbox"/> Plumbing                         |
| <input type="checkbox"/> HVAC                      | <input type="checkbox"/> Insulation        | <input type="checkbox"/> Drywall                          |
| <input type="checkbox"/> Cabinets/Countertops/Trim | <input type="checkbox"/> Flooring          | <input type="checkbox"/> Construction Management/Planning |

COMMENTS: \_\_\_\_\_

### OTHER SERVICES:

Central Delaware Habitat for Humanity is in need of other services and areas of expertise. If you have a special talent you would like to provide on an occasional basis, please indicate below.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Marketing                | <input type="checkbox"/> Advertising                | <input type="checkbox"/> Public/Community Relations     |
| <input type="checkbox"/> Clerical/Office Asst.    | <input type="checkbox"/> Volunteer Training         | <input type="checkbox"/> Volunteer Solicitation         |
| <input type="checkbox"/> Computers/Website/Email  | <input type="checkbox"/> Finance                    | <input type="checkbox"/> Funds Development              |
| <input type="checkbox"/> Grant Research & Writing | <input type="checkbox"/> Selecting Partner Families | <input type="checkbox"/> Supporting Partner Families    |
| <input type="checkbox"/> Photography              | <input type="checkbox"/> Graphic Design             | <input type="checkbox"/> Printing                       |
| <input type="checkbox"/> Real Estate              | <input type="checkbox"/> Church Liason              | <input type="checkbox"/> Other (please elaborate below) |

COMMENTS: \_\_\_\_\_

**PLEASE COMPLETE THE OTHER SIDE**

CDHFH Use only: Entered into Keystone by \_\_\_\_\_  
Date \_\_\_\_\_



RELEASE AND WAIVER OF LIABILITY

THIS RELEASE AND WAIVER OF LIABILITY (the "Release") is made by the Volunteer named on page 1 (the "Volunteer") in favor of CENTRAL DELAWARE HABITAT FOR HUMANITY (CDHFH or Habitat), a Delaware non-profit corporation and its directors, officers, employees, and agents.

The volunteer desires to participate in a CDHFH project and the activities related to the project. The volunteer understands that the activities may include but are not limited to the following:

- a) On-site house building in Kent County, Delaware.
b) Travel to and from lodging or residence.
c) Any other activities related to CDHFH (e.g. promotions, entertainment, special events)

The volunteer does hereby freely, voluntarily, and without duress execute this release under the following terms:

1. WAIVER AND RELEASE: The volunteer does hereby release and forever discharge and hold harmless CDHFH and their successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or equity, which arise or may hereafter arise from the volunteer's participation in Habitat's project(s).

2. MEDICAL TREATMENT: The volunteer does hereby release and forever discharge CDHFH 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 participation in CDHFH project(s).

3. ASSUMPTION OF RISK: The volunteer understands that the CDHFH building project may include activities that may be hazardous to the volunteer and that the food and accommodations may be donated by CDHFH and beyond the control of CDHFH. The volunteer hereby expressly and specifically assumes the risk or harm in their activities and releases CDHFH from all liability from injury, illness, death or property damage and/or theft resulting from the activities of the volunteer's participation in CDHFH project(s).

4. PHOTOGRAPHIC RELEASES: The volunteer does hereby grant and convey unto CDHFH all right, title, and interest in any and all photographic images and video or audio recordings made by CDHFH during Habitat's project(s).

5. OTHER: The volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Delaware, and that this release shall be governed by and be interpreted in accordance with the laws of the State of Delaware. The volunteer agrees 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 a clause or provision shall not otherwise affect the remaining provision of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, the volunteer has executed this Release as of the day and year first above written.

Volunteer: Please print your name, sign, and date below. If you are under the age of 18, a parent or guardian must also sign.

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

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

(If under 18) Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

In case of emergency, contact:

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

Phone: \_\_\_\_\_