

Volunteer Application

VOLUNTEER CONTACT INFORMATION

Volunteer Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Primary phone: _____ Alternative Phone (if applicable): _____

Email: _____

Check if you are completing hours as part of a community service requirement.

Check if you would like to receive emails for ongoing volunteer opportunities.

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____ Relationship to volunteer: _____

Address: _____

City: _____ State: _____ Zip code: _____

Primary phone: _____ Alternative Phone (if applicable): _____

Please check off opportunities you would like to learn more about:

Construction:

- Critical Home Repair
- Tuesday's 8am-12pm
- Wednesday's 8am-12pm
- Women's Crew Thursday's 8:30am-2:30pm
- Saturday's (shifts vary)

ReStore:

- In-Store Help
- Cashier
- Truck Driver Assistant (minimum 100 lb lifting requirement)

- Office help
- Homeowner Services
- Communications
- Fundraising
- Lunch Provider

STATEMENT OF CONFIDENTIALITY AND HARASSMENT POLICY

South County Habitat for Humanity (SCHH) expects all staff, volunteers, homeowners and Board members to behave in a way that reinforces the Christian mission and founding principles of the organization. All staff, volunteers, homeowners and Board members should be afforded respect, fairness and consideration as part of Habitat for Humanity's effort to provide a safe and productive environment.

Therefore, SCHH prohibits any actions or conduct which may discriminate against or harass employees, volunteers or homeowners. SCHH does not tolerate any actions, words, jokes, or comments based on an individual's gender, sexual preference, race, ethnic background, age, religion, physical condition, or other legally protected characteristic. Any comments or actions, therefore, which demean or are hurtful to individuals because of any such characteristic are prohibited. Any such conduct may result in disciplinary action, including immediate discharge.

It is essential that all employees, Board members, and volunteers of SCHH have a commitment to keep confidential the financial and business information of SCHH as well as all financial and personal information regarding applicants, homeowners, clients and donors of SCHH. All such information will be used solely for lawful business purposes and may never be shared with third parties without the express written consent of the applicant, homeowner, donor or client, except where the sharing of such information is permitted by law.

With respect to the affiliate's partner families (homeowners) and applicants, the above commitment involves respecting the homeowner's/applicant's right to privacy, creating a level of trust, and treating the individual(s) in a respectful manner. The following Statement of Confidentiality **must** be adhered to:

- Do not disclose to anyone outside the organization the name or identity of homeowners/applicants unless a release has been signed.
- Do not share confidential or identifying information with your family or friends.
- Do not discuss a homeowner/applicant situation openly in front of others—share only with persons who have a need to know to provide a definite service.
- **DO** handle inquiries from outsiders regarding homeowners/applicants in an appropriate manner, i.e. referring to the President, Committee Chair, Staff Member or Executive Director

I acknowledge that I have read and reviewed the policies contained in this document and agree to abide by them. I also understand that I have a right to expect to be treated fairly and respectfully in return, and should consult with the Executive Director or the Board President regarding any alleged violations of this policy.

Volunteer Initials: _____

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 ____ / ____ / ____ (MM/DD/YY) by _____, (the "Volunteer"), in favor of Habitat For Humanity for Rhode Island, South County, Inc. (SCHH), Habitat for Humanity International, Inc. and any other Habitat for Humanity affiliated organization¹, and their respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers and agents (collectively, the "Released Parties").

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties without compensation and engage in the activities related to being a volunteer. I understand that the activities may include but are not limited to the following: working at Habitat for Humanity offices and worksites; working in or for Habitat for Humanity ReStore operations; loading and unloading materials; traveling to and from work sites, towns, or cities or countries; consuming food available or provided; living in housing provided for volunteers; assisting in disaster relief areas; constructing and rehabilitating residential buildings; other construction-related activities; and other volunteer activities ("Activities").

I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, 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, the Volunteer, hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: In consideration of and in order to be allowed to participate in the Activities, 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, demands, costs and damages of any kind, whether arising from tort, contract or otherwise, which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue, arise from, or are in any way related to my Activities with any of the Released Parties, including but not limited to personal injury, bodily injury, illness, property damage, loss or death, whether caused wholly or in part by the simple negligence, fault or other misconduct of any of the Released Parties or of other volunteers, other than their intentional or grossly negligent conduct. I understand and acknowledge that by signing this Release I knowingly assume the risk of injury, harm, damage 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.

Consent to Transportation and Medical Treatment: I consent to the use of first aid treatment and the use of generic and over the counter medications and treatments as directed by manufacturer labels, whether administered by the Released Parties or first aid personnel. In an emergency, I understand the Released Parties may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the Released Parties to act as an agent for me to consent to any examination, testing, x-rays, medical, dental or surgical treatment for me

RELEASE AND WAIVER OF LIABILITY (con't)

Consent to Transportation and Medical Treatment (continued): as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize the Released Parties to arrange for transportation of me as deemed necessary and appropriate in their discretion. I, the Volunteer, do hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand, and action whatsoever brought by me or on my behalf which arises or may hereafter arise on account of any transportation, first aid, assessment, care, treatment, response or service rendered in connection with my Activities with any of the Released Parties.

Insurance. I 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. I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for me or my child. I agree that the Released Parties do not assume any responsibility for the payment of such fees or expenses which may be incurred. If I have health insurance, I understand my personal health insurance is my primary coverage.

Confidentiality. I agree that in the course of my participation in the Activities, I may have access to personal and/or health care information of other persons. I agree to maintain the confidentiality of such information, to use such information only as necessary to do my job as a volunteer, and to comply with Habitat for applicable policies regarding such information.

Photographic/Recording Release. I hereby grant and convey unto the Released Parties all right, title and interest in any and all photographs and video/audio/electronic recordings of me, including as to my name, image and voice, made by or on behalf of any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such materials for any purpose and to any royalties, proceeds or other benefits derived from them. I understand that I will not have any ownership interest in or to such photographs, images and/or recordings, I have not been provided or promised any compensation to me, and I hereby waive any rights, privileges or claims based on any right of publicity, privacy, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings. I understand and agree that this paragraph also applies to my minor child(ren) who are volunteering.

Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by state law. I further agree that in the event that any clause or provision of the Release is held 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. Further, a waiver of a right under this Release by a Released Party does not prevent the exercise of any other right.

Volunteer Initials: _____

Date: _____