|  |  |  |  |
| --- | --- | --- | --- |
|  | | **1321 SE 25th Loop #103, Ocala, FL 34471**  **Office: (352) 351-4663**  **Fax: (352) 351-3081**  **www.habitatocala.org** | |
| **Volunteer Form *(print clearly)*** | | | |
| Name Click here to enter text. | | Date \_\_\_\_/\_\_\_\_/­­­\_\_\_\_ | |
| **\*Additional household volunteers read below and sign next page of this form.** Veteran | | | |
| Address Click here to enter text. | | Birthday \_\_\_\_/\_\_\_\_/­­­\_\_\_\_ | |
| City Click here to enter text. | | State | Zip |
| Phone (H) | Phone (W) | Phone (C) | |
| Habi-News weekly email  **Yes  No** | Email | HFHMC Quarterly Newsletter  **Yes  No** | |
| **Your Waiver of Liability\*** | | | |
| ***READ CAREFULLY! THIS IS A LEGAL DOCUMENT WHICH AFFECTS YOUR LEGAL RIGHTS!***  I understand that Habitat for Humanity of Marion County, Inc., a contractor, cannot be held liable for any injuries or illness that I may suffer during my volunteer work. “I expressly waive any such claim for compensation or liability on the part of Habitat for Humanity International, Inc. or Habitat for Humanity of Marion County, Inc. and board members individually, beyond what may be offered freely by the representative of Habitat for Humanity of Marion County, Inc., in the event of such injury or medical expense”. | | | |
| **Authorization for Medical Treatment\*** | | | |
| In the event an emergency should arise, and I should need emergency medical treatment or hospitalization, permission is granted to the leaders of Habitat for Humanity of Marion County, Inc. to grant authorization for necessary care. **List any medications being taken:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Any known allergies to drugs, plants, stings, etc. please list:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **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 arrive with medical or health insurance coverage that is in effect. Habitat provides medical insurance supplemental to the volunteer’s primary insurance.** | | | |
| **Photographic release\*** | | | |
| I grant and convey unto Habitat for Humanity of Marion County, Inc. all right, title and interest in any and all photographic images and video or audio recordings made by Habitat for Humanity of Marion County, Inc. during my volunteer activities. | | | |
| **Signatures *( Not valid unless signed)*** | | | |
| **\*To express my understanding of this release and waiver, I sign here:**  Signature\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_  Emergency Contact/Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***\*For a minor, this release and waiver must be signed by a parent or guardian.***  Parent or Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_  Please Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Please complete next page**

|  |  |  |
| --- | --- | --- |
| **Please Provide this additional information***(Optional)* | | |
| Employer Click here to enter text. | | |
| Occupation (or if retired, prior occupation)Click here to enter text. | | |
| House of Worship (if any)Click here to enter text. | | |
| Group/ Person Associated With\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I am the primary contact for this group | | |
| **Volunteer Task Preferences** | | |
| **Availability:**  Mon  Tue Wed Thur Fri  Sat  Construction (Rate skills below) Hospitality/Food Provider  Site Host  Recycling  Office “Angel”  ReStore Volunteer  Bulk Mailing  Family Mentor  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Volunteer Relations Committee  Church Relations Committee  Family Selection Committee Public Relations Committee  Fundraising Committee  Women’s Build Committee | | |
| **Skills Assessment** (please mark your skill level for the following construction jobs) | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Construction tasks:** | **Highly skilled** | **I can do this** | **Interested in trying** | | Framing |  |  |  | | Setting Trusses |  |  |  | | Roof Decking |  |  |  | | Tar paper, roof edge, valleys |  |  |  | | Shingles |  |  |  | | Rough electric |  |  |  | | Final electric |  |  |  | | Insulation |  |  |  | | Door & window installation |  |  |  | | Soffit & fascia |  |  |  | | Siding |  |  |  | | Sheetrock installation |  |  |  | | Sheetrock tape & texture |  |  |  | | Painting |  |  |  | | Interior door & trim installation |  |  |  | | Cabinetry |  |  |  | | Flooring (Vinyl) |  |  |  | | Yard work, sod, landscaping |  |  |  | | Supervise a crew of 5-10 |  |  |  | | | |
| **Additional household volunteers** | | |
| ***\*To express my understanding of the release and waiver on previous page, I sign here:*** | | |
| *Name* | *Signature* | *Birthday* |
| Click here to enter text. | Click here to enter text. | Click here |
| Click here to enter text. | Click here to enter text. | Click here |
| Click here to enter text. | Click here to enter text. | Click here |
| Click here to enter text. | Click here to enter text. | Click here |