



Telephone: (530) 621-2111
Fax: (530) 295-9331

Volunteer Application

Information About You

Name: _____ E-mail: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____
Are you bilingual? Yes No If so, what language? _____
Are you over 18 years old? Yes No Occupation or Name of School (if any): _____

Affiliation Information

Do you belong to any organizations or civic affiliations? Please specify: _____
Church affiliation (if any): _____

Areas of Volunteer Interest

Please check committee or area you are interested in volunteering (we request that you attend the next volunteer orientation). Please indicate your skill level next to checked items: (1=skilled, 2=semi-skilled, 3=unskilled but willing to learn):

Committees, Construction, Office support, ReSTORE or Events:

Board of Directors (professional and non-professional).
____ Treasurer/Accounting ____ Bookkeeping ____ Legal work
____ Real Estate ____ Financial Aid ____ Executive Director
____ Other (please specify) _____

Family Nurture/Family Selection Committee _____

Nominating

Church Relations

Public Relations/Fund Raising: ____ Public Relations ____ Fund Raising ____ Event Organization

Site Selection: ____ Real Estate ____ Land Acquisition

Construction

____ Construction Manager ____ House Leader ____ Crew Leader
____ Site Preparation ____ Foundation Preparation ____ Concrete Finishing
____ Framing ____ Roofing ____ Drywall ____ Insulation
____ Painting ____ Siding ____ Electrical ____ Plumbing
____ Finish Carpentry ____ Flooring ____ Landscaping ____ Heating & AC
____ Other (please specify) _____

Office Support

____ Typing/Computer ____ Filing ____ Answering Phones ____ Phone Follow-up
____ Mailings ____ Newsletter ____ Computer Tech ____ Database

Volunteer Committee

____ Volunteer Coordinator ____ Youth Coordinator

ReSTORE/Warehouse help ____ Stocking ____ Sales ____ Warehouse Work

Days available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Do you own vehicles or construction equipment that might be useful to Habitat? (Please specify): _____

I am unable to volunteer right now, but would like to help by donating the following: (Financial help, materials, office supplies): _____

Signature: _____ Date: _____

Please fill out both sides (if volunteering your time) and mail completed form to:

• **EDC Habitat for Humanity • 6168 Pleasant Valley Road • El Dorado, CA 95623**



(530) 622-2111

Emergency Medical Information

In case of emergency, please contact:

Volunteer's name: _____

Contact's Name: _____

Relation: _____

Address: _____

Phone (Home): _____ (Work): _____

E-mail: _____

Any hospital or medical practitioner not having access to the Volunteer's medical history may need the following information:

Allergies (medicine, food, etc.): _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other: _____

Personal Physician:

Name: _____

Address: _____

Phone: (Home) _____ (Work): _____

Health Insurance Coverage:

Company: _____

Policy Number: _____

Insurance Agent: _____



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Release and Waiver of Liability and for Medical Treatment

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 _____, 20____, for _____, (the "Volunteer"), in favor of Habitat for Humanity of El Dorado County, Inc., a California nonprofit corporation, its directors, officers, employees and agents (collectively "Habitat").

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

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

- 1. Waiver and Release:** 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 work for 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 work for Habitat, whether caused by the negligence of Habitat or its officers, employees, or agents or otherwise. Volunteer and Guardian also understand 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 that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for Habitat or with the decision by any representative or agent of Habitat to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Authorization for Treatment.

- 3. Assumption of the Risk:** The Volunteer understands that the work for Habitat may include activities that may be hazardous to the Volunteer, including, but not limited to construction, loading and unloading and transportation to and from the worksites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and release Habitat from all liability for injury, illness, death or property damage from the activities of the Volunteer's work for Habitat.

- 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 coverage.



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- 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 work for Habitat, including, but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.
- 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 California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. Volunteer and Guardian agree 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 clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

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

Volunteer: _____

Address: _____

City _____ State, Zip _____

Phone: (H) _____ (W) _____

Witness: _____