



VOLUNTEER APPLICATION

PERSONAL INFORMATION

Last name:		First name:	
Address:		Mailing address:	
Town:	Postal Code:	Telephone: (Home)	(Office)
Email address:			
Preferred method of contact: <input type="checkbox"/> Home phone <input type="checkbox"/> Office Phone <input type="checkbox"/> Email			
Emergency contact:		Relationship:	Telephone:

Access to vehicle: Yes No Safety Glasses Work boots? Hardhat supplied by HFHHC
 Do you own a truck or other equipment that might be useful to Habitat? If so, please specify.

AVAILABILITY AND POSITION (✓ all that apply) Date available to start: _____

Day	Committees	Volunteer Position
Monday	Board of Directors	Public Relations Site Preparation
Tuesday	Faith Relations	Grant Writing Foundation preparation
Wednesday	Volunteer Committee	Fundraising Landscaping
Thursday	Fundraising	Data entry Roofing
Friday	Family Selection	Typing Painting
Saturday	Family Partner/Support	Filing Insulation
Sunday	Site Selection	Answering phone Heating & Air
Time	Outreach & Communication	Mailings Finish Carpentry
Morning	Site Acquisition	Newsletter Framing
Afternoon	Re Store	Photography/video Concrete Finishing
Evening	Building	Bookkeeping Plumbing
Partial Days	Special Events	Legal work / title work Electrical
Full Days	Are you available with 3 days or less notice? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes	Recruit volunteers Siding
		Artwork Drywall
		Music for events House leader
		Cooking –workdays Crew leader
		Cooking for events Other (specify below)
		Sewing

SKILL LEVEL

Professional [] Semi skilled [] Unskilled [] Student []
Skills / training / certificates:
Reason for volunteering:

AFFILIATIONS, INTERESTS, HOBBIES i.e. organizational. Faith and/or civic (optional)

I acknowledge that Habitat for Humanity Huron County may store and electronically use the information provided in this form. The information is not to be distributed to others or used for other purposes.

Applicant's signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Volunteer position:	Site:
School / Affiliate Group	Parental Consent required: __Yes __ No Date received:
Application status:	Start date:
Notes:	

Habitat for Humanity Volunteer Waiver Form

Name: _____

THIS RELEASE WAIVER AND INDEMNITY (the “Release”) signed on _____ (mm/dd/yyyy) is in favour of Habitat for Humanity Huron County, an Ontario non-profit corporation, and all of its respective directors, officers, employees, contractors, members, agents and donors; title house donors, all sponsors, all media partners all contributors of services, food, beverages, shelter and transportation, and each of the respective directors, officers, employees, contractors, member and agents; all registered owners of properties at which salvage operations are conducted and their directors, officers, employees, contractors, members and agents where such registered owner is a corporate entity, any owner/operator of any trade show or public event at which Habitat for Humanity Huron County may be participating and the owner/operator’s directors, officers, employees, contractors, members and agents; and all partner families, all of whom shall be named from here onwards as Affiliate Partners or AP.

I wish to participate in any Habitat for Humanity Huron County’s program activities located at any of its office, ReStore, warehouse, salvage or build locations or at a location of any trade show or public event in which Habitat for Humanity Huron County is participating, I understand that such activities may include lifting, climbing, use of tools and other physical activities.

1. WAIVER AND RELEASE: I, my heirs, executors, estate trustees with or without will, administrators, successors and assistants, do hereby release and forever discharge and hold harmless Habitat for Humanity Huron County and its AP, from any claims, demands, damages both direct and indirect, cost, expenses, actions and causes of activities whether in law or equity, in respect of death, injury, loss or damage to my person or property, however caused arising or to arise by reason of my participation in or attendance at any of Habitat for Humanity Huron County’s office, ReStore, warehouse, salvage or build locations, a location of any trade show or public event at which Habitat for Humanity Huron County is participating.

2. MEDICAL TREATMENT: I, my heirs, executors, estate trustees with or without a Will, administrators, successors, and assigns do hereby release, waive, and forever discharge Habitat for Humanity Huron County and its AP from any claim, demands, damages both direct and indirect, costs, expenses, actions and causes of actions, whether in law or equity, in respect of death, injury, loss or damage to my person or property, however caused arising or to arise on account of any first aid, treatment, or other medical service rendered in connection with my participation in or attendance at any Habitat for Humanity Huron County’s office, ReStore, warehouses, salvage or build locations, or at a location of any trade show or public event at which Habitat for Humanity Huron County is participating. I understand that I am responsible for securing all appropriate medical insurance coverage. I acknowledge and accept that any such medical services as may be available may be performed by volunteers or outside agencies and that Habitat for Humanity Huron County has no control or responsibility for the quality of any medical attention that may be provided.

3. ASSUMPTION OF RISK: I understand that volunteer work may include activities that may be hazardous and that Habitat for Humanity Huron County’s goods and equipment may be donated to Habitat for Humanity Huron County and beyond the control of Habitat for Humanity Huron County. As such, Habitat for Humanity Huron County cannot and will not assume any liability for the nature of the activity.

4. PHOTOGRAPHIC RELEASE: I do hereby grant and convey to Habitat for Humanity Huron County all rights, title and interest in any and all photographic image, whether electronic or otherwise, and in any video or audio recordings made by Habitat for Humanity Huron County or its media partners. I further understand that Habitat for Humanity Huron County may use, or authorize use of such images and recording for broadcasting and other corporate materials and I consent to such use.

5. COLLECTION AND USE OF PERSONAL INFORMATION: Habitat for Humanity Huron County generally collects personal information as necessary to administer our programs and services, including, but not limited to, those described below.

5.1 We may collect banking and credit card information to receive and process donations. In addition, we may collect contact information to acknowledge donations and issue tax receipts. We deeply appreciate your financial support. We may contact you to inform you of and to request your support for our future endeavours because you have demonstrated an interest in supporting Habitat for Humanity Huron County's mission, unless you ask us not to do so.

5.2 We may collect family and neighbourhood statistics to raise awareness of and increase potential for fundraising and new family applicants.

5.3 We may collect your name, mailing address and email address in order to issue tax receipt, to inform you of and to request support for our future endeavours, or to send you newsletters or other information about upcoming events.

5.4 We may collect other personal information with your consent or as permitted or required by law.

6. DISCLOSURE OF PERSONAL INFORMATION: Habitat for Humanity Huron County may disclose or transfer personal information as necessary in order to administer its programs and services, including but not limited to, those described below.

6.1 We may transfer personal information to our service providers who need access to personal information to carry out their work for us, including donation processing, communicating, data hosting, data processing and information technology, and other similar purposes. We use contractual or other means to require service providers to provide a level of security comparable to that provided under our Privacy Policy. Some of our service providers are located outside of Canada, including in the United States of America.

6.2 We may use and disclose personal information in connection with the proposed or actual financing, securitization, insuring, sale, assignment or other disposal of all or part of our organization or assets, for the purposes of evaluating and/or performing the proposed transaction. Assignees or successors of Habitat for Humanity Huron County or our organization or assets may use and disclose your personal information for similar purposes as those described in this policy.

6.3 We may disclose personal information as necessary to meet legal, regulatory, insurance, audit and security requirements, or otherwise with your consent or as permitted or required by law.

6.4 We may share your personal information, such as your name, contact information and information about your past donations or other interactions, with our affiliates so that they can contact you to inform you of upcoming events in your area, or to request your support.

7. 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.

8. OTHER: I expressly agree that the Release is intended to be as broad and inclusive as permitted by the laws of the Province of Ontario, and that this Release shall be governed by and be interpreted in accordance with the laws of the Province of Ontario. I 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 a clause or provision shall not otherwise affect the remaining provisions of this Release that shall continue to be enforceable.

_____ I have chosen NOT to wear Green Patch CSA approved footwear on the Habitat for Humanity Huron County Inc. work-site. I am aware that I my activities may be limited.

IN WITNESS WHEREOF I have executed this Release as of the _____ day of _____ 20_____.

Volunteer Name *(please print)*

Volunteer Signature
*Or Parent/Guardian signs, if volunteer
is under 18 years of age*

Witness Name *(please print)*

Witness Signature