



Casselberry ReStore  Sanford ReStore  Affiliate Office

Construction Site: (Address) \_\_\_\_\_

Other Site: (Address) \_\_\_\_\_

Please check one:  Homebuyer Partner  Student  Mandatory Service  Volunteer

### Volunteer Registration Sheet – Valid 1/1/17 through 12/31/17

**Age Restriction: Minimum Age is 16. Guardian Signature required ages 16-17.**

Name (Please Print Clearly) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Name & Address \_\_\_\_\_

**In case of emergency contact:** \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_

Are you volunteering with a Group? Yes \_\_\_ No \_\_\_\_ If Yes, please complete the following:

Group Name \_\_\_\_\_

Group Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Availability (Check your available days and circle AM and/or PM):

Mon AM/PM  Tue AM/PM  Wed AM/PM  Thurs AM/PM  Fri AM/PM  Sat AM/PM  Sun AM/PM

### Waiver of Liability

Release & Waiver. Volunteer and/or Guardian do 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 activities with Habitat. Volunteer & Guardian understand that this Release discharges Habitat from any liability or claim that the volunteer and/or guardian may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with Habitat, whether caused by negligence of Habitat or its Officers, Directors, Employees, or Agents or otherwise. Volunteer and/or 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.

Medical Treatment. Volunteer and/or Guardian do hereby release and forever discharge Habitat 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 Activities with Habitat or with the decision by any representative or agent of Habitat to exercise the power t consent to medical or dental treatment.

Assumption of Risk. The Volunteer and/or Guardian understand that the activities may include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Volunteer and/or Guardian hereby expressly and specifically assume the risk of injury or harm in the activities and release Habitat from all liability for injury, illness, death, or property damage resulting from the activities.

Insurance. The Volunteer and/or Guardian understand 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.

Photographic Release. Volunteer and/or Guardian do herby 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 activities with Habitat, including, but not limited to any royalties, proceeds, or other benefits derived from such photographs.

Other. Volunteer and/or Guardian expressly agree that this Release is intended to be as broad and inclusive as permitted by the Laws of the State of Florida, and that this Release shall be governed by and interpreted in accordance with the Laws of the State of Florida. Volunteer and/or Guardian agree that in the event that any clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Signature \_\_\_\_\_ Date \_\_\_\_\_ I am 18+ years of age \_\_\_\_\_  
Initials

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_ (if under 18) D.O.B. \_\_\_\_\_  
Month, Day, Year

PO Box 181010 Casselberry, FL 32718

Phone 407-696-5855 - Fax 407-331-0504 - volunteer@habitat-sa.org

It is the practice of Habitat for Humanity International that the names of all potential volunteers, board members, partners and personnel be checked against the State Sexual Offender and Predator database.