Habitat for Humanity of Bucks County

2017-18 Volunteer Application

Please print clearly

First Name: _____ Last Name:_____ Date: _____

Street Address: _____ City, State, ZIP: _____

Main Phone Number: _____ **Email:** _____

Gender: M F Birthdate: _____ / _____ / _____ **I am 18 years or older: Yes_____ No_____**

Have you volunteered with Habitat Bucks before? Yes___ No____ If yes, what year?_____

How did you learn about volunteer opportunities with Habitat for Humanity of Bucks County?

Habitat Website ___ Friend/Family ___ Local Event ____ Work ____ Other website____ Other: _____

Member of faith group/civic group:_____ Employer:_____
(Name of organization)

Have you ever been convicted of, plead guilty/no contest to, or had a suspended imposition of sentence for any offense (other than minor traffic violation)? Yes ___ No ___ If yes, explain:_____

**HABITAT FOR HUMANITY OF BUCKS COUNTY (HfHBC) AND HABITAT FOR HUMANITY INTERNATIONAL (HfHI) RESERVE THE RIGHT TO SCREEN ALL POTENTIAL VOLUNTEERS, STAFF (PAID AND UNPAID), BOARD MEMBERS AND APPLICANT FAMILIES ON THE SEX OFFENDER REGISTRY, AS WELL AS TO REQUEST DRUG SCREENING AND BACKGROUND/CRIMINAL CHECKS. BY COMPLETING THIS FORM, YOU ARE SUBMITTING YOURSELF TO SUCH AN INQUIRY.

WAIVER OF LIABILITY – ALL VOLUNTEERS MUST READ AND SIGN TO PARTICIPATE

· I UNDERSTAND THAT VOLUNTEERING FOR HfHBC IS POTENTIALLY HAZARDOUS AND ASSUME RESPONSIBILITY FOR ALL RISKS ASSOCIATED WITH PARTICIPATING IN ANY ACTIVITIES. FURTHERMORE, I RELEASE HfHBC FROM ALL LIABILITY FOR INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE RESULTING FROM THESE ACTIVITIES.
· I UNDERSTAND HfHBC HAS ACCIDENT INSURANCE FOR VOLUNTEERS ON THE JOB SITE, BUT THE POLICY COVERS ONLY THOSE EXPENSES NOT COVERED BY THE VOLUNTEER'S OWN HEALTH INSURANCES. I UNDERSTAND THAT HfHBC DOES NOT CARRY DISABILITY INSURANCE COVERAGE FOR VOLUNTEERS.
· I GRANT HfHBC ALL RIGHTS TO ANY AND ALL PHOTOGRAPHS, VIDEO, OR AUDIO RECORDINGS MADE BY HfHBC DURING MY PARTICIPATION.
· I HEREBY WAIVE FOR MYSELF AND MY HEIRS ALL RIGHTS AND CLAIMS FOR DAMAGES I/MY CHILD MAY HAVE AGAINST HfHBC OR HfHI AND THEIR SPONSORS, VOLUNTEERS, OR REPRESENTATIVES ARISING OUT OF, OR IN THE COURSE OF, MY/MY CHILD'S PARTICIPATION.
· I UNDERSTAND THAT I MUST WEAR APPROPRIATE CLOTHING (INCLUDING SNEAKERS/BOOTS) BOTH ON THE CONSTRUCTION SITE AND IN THE RESTORE.
· I UNDERSTAND AND AGREE THAT ANY INFORMATION I OBTAIN WHILE SERVING AS A VOLUNTEER FOR HfHBC IS CONFIDENTIAL AND IS ONLY TO BE USED IN THE PERFORMANCE OF MY DUTIES, AND I AM NOT TO DIVULDGE ANY INFORMATION ABOUT ANY FAMILY OR PERSON TO ANYONE OUTSIDE HfHBC OR ITS BOARD MEMBERS.

_____ _____

Applicant Signature Date **>Parent/Legal Guardian Signature (if under 18 years of age) Date**

Emergency Contact Information-MUST BE COMPLETED and SIGNED BY ALL VOLUNTEERS:

Volunteer Name:_____ Contact in Case of Emergency:_____
Emergency Contact's Phone #: _____Relation:_____

Habitat does not routinely store medical information or HIPAA protected information. It is the sole responsibility of volunteers to determine if you wish to voluntarily disclose any medical condition or information to staff that you want shared with medical personnel in the event of an emergency. In providing information regarding your medical condition, you agree that Habitat is not responsible for the security or privacy of any information provided to staff regarding your medical condition.

Permission and Consent to Treatment:

- I verify that the volunteer listed above is at least 14 years old and is physically and emotionally mature to handle the minimize risks inherent to construction/ReStore operations. **14 & 15 year olds may volunteer in the ReStore only and only with their parent present and supervising them.**
- I hereby release HFHBC from any claim whatsoever which arises or hereafter arises due to any first aid, treatment, or service rendered in connection with the above volunteer's participation with HFHBC.
- In consideration of the participation in the activities of HFHBC, I give my permission to HFHBC, or its officers, agents, employees, volunteers, or independent contractors to transport the above volunteer to a hospital or emergency facility for treatment. I further consent to have any such hospital or treating physician perform any procedure necessary or advisable.

Applicant Signature _____ **Date** _____

>Parent/Legal Guardian Signature _____ (if volunteer is under 18 years of age)

Habitat for Humanity of Bucks County, 31 Oak Avenue, Suite 100, Chalfont, PA 18914 215-822-2812