

Decatur Area Habitat for Humanity, Inc. Volunteer Data Sheet

Telephone: (217) 425-6446 **Mailing Address** P.O. Box 832 Decatur, IL 62525, 932 East Wood St.. Decatur, IL. 62521 **Email:** officemanager@decaturhabitat.org

Name:					Date:		
Home Address: Street/PO Box				City		Zip Code	
Succuro dox				City Zip code			
Employer/School:			Occupa	Occupation:			
Contact Phone:			Best tin	Best time to call			
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
Email Address:							
Church Affiliation S			Service	Service Organization Affiliation:			
I am interested in volunteering	a for the following:						
Occasional	Committee Member	Commit		truction	ReStore		
Office / Clerical	Church Relations	Drywall	Cons	Skilled/Licensed	☐Assist Custor		
Office / Computer	☐Family Selection	Helper		Electrical License #	Cleaning		
Call / Schedule Volunteers	☐Family Support	Landscaping			☐Assist with p	ick up of donations	
☐ Special Events Staffing	Fundraising	☐Rough Carpentry		Heating License #	□Load/Unload		
	Construction	Painting / Staining					
	Publicity	General La					
		☐Finish Carp	pentry	☐ Plumbing License #			
I can provide support				Frequency/Availability			
	epare & Deliver to site			□Weekdays			
☐Site Host / Greeter ☐ 1/2	2day 🗖 full day			Weekends			
□Weekdays □1/2	2day 🗖 full day			□Weekly			
☐Building materials transportation				☐Monthly			
Type of vehicle available:				Occasionally			
	ICE (Contact (In C	ase of E	(mergency)			
Name				Contact Phone			
				Commer I HOHE			
Relationship to You:							
Photographic Release. I, the V							
and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or							
other benefits derived from then		in to use such pi	notograpi	is of recordings for ally p	arpose and to any I	oyanies, proceeds or	
Signed:				Date:			
Volunteer/Parent/Guardian (circle/highlight which one)							
COMMENTS:		,					

Office use:

Release and Waiver of Liability PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

"Volunteer"), in favor of Dec	Liability (the "Release") is executed on this _ catur Area Habitat for Humanity, Habitat for H cheir respective directors, officers, trustees, e	Humanity International, Inc.,	, and any other Habitat f	for Humanity
volunteer ("Activities"). I un offices or Habitat for Humar	ork as a volunteer for one or more of the Rele nderstand that my Activities may include but nity ReStore operations; traveling to and from provided for volunteers; constructing and reh	are not limited to the follow n work sites, towns, cities or	ving: working in Habitat countries; consuming f	for Humanity food available or
I, the Volunteer, hereby free	ly, voluntarily and without duress execute th	is Release under the followi	ng terms:	
and assigns from any and all which may hereinafter accru hereafter arise from or is in	Volunteer, do hereby release and forever dis I liability, claims and demands which I or my use with respect to any bodily injury, personal any way related to my Activities with any of the isconduct, other than intentional or grossly not be a seconduct.	heirs, assigns, next of kin or injury, illness, death or proj the Released Parties, whethe	legal representatives m perty damage which ari er caused wholly or in p	nay have or se or may part by the simple
understand that the Release	dge that by this Release I knowingly assume tod Parties do not assume any responsibility for medical, health or disability insurance in the	or or obligation to provide fi	nancial assistance or otl	
is in progress. It is further the	Humanity that children under the age of 16 ar e policy of Habitat for Humanity that, while mi ver tools, excavation, demolition, working on r	inors between the ages of 16	and 18 may be allowed t	to participate in
	Volunteer, do hereby release and forever disc er arise on account of any first aid, treatment			
limited to, the following: cor	the Volunteer, understand that my Activities instruction; loading and unloading; travel to a certain illnesses, especially if I do not wear p system deficiency.	nd from the work sites; and	exposure to lead, asbes	tos, and mold,

I hereby expressly and specifically assume the risk of injury or harm in the Activities and release the Released Parties from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

Insurance. I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

Other. I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where the Activities take place. I further agree that in the event 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 clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

To express my understanding of and agreement with this Release, I sign here with a witness.

Volunteer Name (print)	Signature: Volunteer/Parent/Guardian (Circle):
Witness: (print):	Witness Signature: