



**HABITAT FOR HUMANITY
OF KNOX COUNTY, OHIO, INC.**
200 North Main Street
Mt. Vernon, OH 43050
Office (740) 393-1434
Fax (749) 393-1157

VOLUNTEER REGISTRATION

Many people have indicated an interest in helping Habitat in some area of volunteering but weren't sure how to do it. If you are interested-in any area – please complete this form, fold and mail it to Habitat to the address listed above OR Fax it to (740) 393-1157.

Name: _____ Date: _____

Address: _____ Zip: _____

Phone: _____ Office: _____ Email: _____

What is the best way to reach you? _____

Please indicate your level of skill/interest below by circling the appropriate number.

If you are not interested in working in a particular area, do not circle any number, regardless of your skill.

1. Highly skilled and able to layout materials, work, and oversee others.
2. Skilled and able to take responsibility for own work and tools.
3. Sufficient interest in learning this skill.

BUILDING AT SITE SKILLS	
1 2 3 Concrete/foundation/sidewalks 1 2 3 Electrical 1 2 3 Plumbing 1 2 3 Roofing/Shingles 1 2 3 Siding/Downspouts 1 2 3 Wiring: (Cable/phones/smoke detectors/fire extinguishers) 1 2 3 General Carpentry work 1 2 3 Heating System Installation	1 2 3 Installation of Windows/Doors 1 2 3 Drywall/Mudding 1 2 3 Landscaping/Yard work 1 2 3 Carpet / Vinyl Installation 1 2 3 Painting 1 2 3 Finish Carpentry 1 2 3 Framing 1 2 3 No Skills - I want to learn

OFFICE RELATED & MISC SKILLS	COMMITTEE INVOLVEMENT SKILLS
1 2 3 Computer Skills 1 2 3 Phone 1 2 3 Typing 1 2 3 Correspondence 1 2 3 Record Keeping 1 2 3 Bulk Mailing 1 2 3 Photography 1 2 3 Baby Sitting 1 2 3 Food Preparation	1 2 3 Construction/Building 1 2 3 Family Selection 1 2 3 Public Relations 1 2 3 Volunteers 1 2 3 Church Relations 1 2 3 Finance 1 2 3 Search 1 2 3 Family Nurture 1 2 3 Fund Raising 1 2 3 Site Selection

How often would you be willing to volunteer? 1 / month 2 / month As often as possible.

The following is a list of materials and services continually utilized by Habitat. Through our volunteer' contacts with these businesses, we have been fortunate to receive good reliable materials and services. At times, these contacts also assist us in reducing and eliminating costs. Please indicate (s) for services and/or (m) for materials in corresponding blank if you can help in any of these areas.

SUPPORT SERVICES/MATERIALS	CONSTRUCTION MATERIALS	
<input type="checkbox"/> Food & Beverage services <input type="checkbox"/> Paper/Office Supplies <input type="checkbox"/> Printing (shirts) <input type="checkbox"/> Trash Dumpsters <input type="checkbox"/> Newspaper <input type="checkbox"/> Portable Toilets <input type="checkbox"/> Radio/TV <input type="checkbox"/> Office Equipment <input type="checkbox"/> Printing (paper) <input type="checkbox"/> Storage Space	<input type="checkbox"/> Block <input type="checkbox"/> Concrete <input type="checkbox"/> Electrical <input type="checkbox"/> Siding <input type="checkbox"/> Carpet <input type="checkbox"/> Drywall <input type="checkbox"/> Heating	<input type="checkbox"/> Lumber <input type="checkbox"/> Roofing <input type="checkbox"/> Cabinets <input type="checkbox"/> Curtain Fabric <input type="checkbox"/> Hardware <input type="checkbox"/> Paint <input type="checkbox"/> Plumbing



Volunteer Release and Waiver of Liability

**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___, by _____ (the "Volunteer") in favor of Habitat for Humanity International, Inc., a Georgia nonprofit corporation, and Habitat for Humanity of [Knox County], Inc., an Ohio nonprofit corporation, their directors, officers, employees, volunteers, and agents (collectively, "Habitat and Partners"). The Volunteer desires to work as a volunteer for Habitat and Partners and engage in the activities related to being a volunteer (the "Activities"). 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 hereby freely, voluntarily, and without duress executes this
Release under the following terms:**

Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless Habitat and Partners and their 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 and Partners.

Volunteer understands that this Release discharges Habitat and Partners from any liability or claim that the Volunteer may have against Habitat and Partners with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Habitat and Partners, whether caused by the negligence of Habitat and Partners or their officers, directors, employees, or agents or otherwise.

Volunteer also understands that Habitat and Partners do 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.

(Please initial each item below to agree)

- ___ **Medical Treatment.** Volunteer does hereby release and forever discharge Habitat and Partners 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 and Partners.
- ___ **Mold Exposure.** Volunteer understands that he/she may be exposed to mold through participation in the Activities. Mold exposure for extended periods of time can cause illness or other bodily injury. Volunteer assumes the risk to protect him/herself by wearing appropriate

equipment. Volunteer does hereby release and forever discharge Habitat and Partners from any claim whatsoever which arises or may hereafter arise on account of any exposure to mold.

**Do you have asthma, a respiratory infection,
or other respiratory condition or an allergy to mold? Yes No**

If you answered "Yes" to the above question, please notify a Habitat official immediately and do not participate in the Activities.

- **Assumption of the Risk.** The Volunteer understands that the Activities 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 hereby** expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat and Partners from all liability for injury, illness, death, or property damage resulting from the Activities.
- **Insurance.** The Volunteer understands that, except as otherwise agreed to in writing, Habitat and Partners do 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 does hereby grant and convey unto Habitat and Partners all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat and Partners during the Volunteer's Activities with Habitat and Partners, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia.
- **Volunteer agrees** 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 as of the day and year first above written.

Witness: _____

Volunteer: _____

Address: _____

Phone (H): _____ (W): _____

----- FOLD HERE -----

Place
Stamp
Here

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----- FOLD HERE -----