

# HABITAT FOR HUMANITY OF FAIRFIELD COUNTY

707 Slocum Ave, Lancaster, OH 43130

PO Box 2392 \* Lancaster, OH 43130 \* (740) 654-3434



## VOLUNTEER PROFILE FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Occupation \_\_\_\_\_

Church Affiliation (optional) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Volunteer Availability: (list days & times) Weekdays \_\_\_\_\_

Evenings \_\_\_\_\_ Saturdays \_\_\_\_\_

Unable to volunteer, please include me on the mailing list only.

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## SKILLS AND INTERESTS

### Board of Directors

- Serve as a member
- Officer
- Treasurer
- Secretary

### Construction Committee

- Committee Chair
- Serve as a member
- House Leader
- Crew Leader

### Development Committee

- Committee Chair
- Serve as a member
- ReStore Chair
- ReStore worker

### Family Selection Committee

- Committee Chair
- Serve as a member

### Family Support Committee

- Committee Chair
- Serve as a member

### Office

- General clerical work
- Computer work
- Answering phone

### Public Relations Committee

- Committee Chair
- Serve as a member
- Speaker's bureau
- Church Relations Chair
- Church Relations member

**Site Acquisition committee**

- Committee Chair
- Serve as a member
- Zoning Chair
- Zoning member

**Volunteer Committee**

- Committee Chair
- Serve as a member
- Telephone calling

**Other**

- Provide lunches for weekend warriors
- Greeter at work site
- Photographer
- Scrapbooking
- Child care



**“PICKING UP  
THE HAMMER”**

**\*Mark “E” for areas where you have Experience and could possibly be a leader.**

**\*Mark “I” for areas of Interest without much experience.**

- |                           |                     |
|---------------------------|---------------------|
| ___ Concrete Work         | ___ Landscaping     |
| ___ Drywall               | ___ Painting        |
| ___ Electrical Wiring     | ___ Plumbing        |
| ___ Exterior Siding       | ___ Roofing         |
| ___ General Labor         | ___ Rough Carpentry |
| ___ Install Windows/Doors | ___ Trim Carpentry  |

**Thank you for your willingness to be  
a part of Habitat for Humanity.**

**One person can make a difference  
in the lives of other people.**

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## RELEASE AND WAIVER OF LIABILITY FOR ADULTS

### PLEASE READ CAREFULLY

### THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity of Fairfield County, an Ohio nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat").

The Volunteer desires to work as a volunteer for Habitat 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 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 understands that this Release discharges Habitat from any liability or claim that the Volunteer 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 the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands 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 does 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.

**Assumption of the Risk.** The Volunteer understands that the Activities included 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 from all liability for injury, illness, death, or property damage resulting from the Activities.

**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.

**Photographic Release.** Volunteer does hereby 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 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 Ohio, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. 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 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DATE \_\_\_\_\_

Phone (HOME) \_\_\_\_\_

(WORK) \_\_\_\_\_

Habitat For Humanity Of Fairfield County in compliance with the Ohio Department of Health and in accordance with Chapter 3794 of the Ohio Revised Code prohibits smoking in enclosed areas.

NO SMOKING



To report violations call 1-800-559-OHIO (6446)

**HABITAT FOR HUMANITY OF FAIRFIELD COUNTY**  
**MEDICAL INFORMATION FORM**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Medical Insurance Information:**

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Dental Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

**Medical Condition Information:**

Date of last tetanus shot: \_\_\_\_\_ Date of last hospitalization: \_\_\_\_\_

Reason for hospitalization: \_\_\_\_\_

If currently under a physician's care, describe the condition:

\_\_\_\_\_  
\_\_\_\_\_

List drug allergies or sensitivities (especially to bee stings, penicillin, sulfa, antihistamines, and local anesthetics, such as Novocain):

\_\_\_\_\_  
\_\_\_\_\_

List current medication(s) (including drug, dose, and frequency):

\_\_\_\_\_  
\_\_\_\_\_

-Continue on reverse side-

List food considerations (include vegetarian, food sensitivities, and special diet):

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Consent for Authorization for Treatment of children under 18**

Check one:

\_\_\_\_\_ After every reasonable effort has been made to contact parent/guardian, permission is granted for any clinic, hospital, physician, or health agency to provide dental or medical treatment for this youth while he/she is working for Habitat for Humanity of Fairfield County.

\_\_\_\_\_ Permission is not granted to Habitat for Humanity of Fairfield County for any clinic, hospital, physician, or health agency to provide dental or medical treatment for this youth while he/she is working for Habitat for Humanity of Fairfield County.

Alternate contact if Parent/Guardian cannot be reached:

Name \_\_\_\_\_ Relationship to youth \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_