

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.

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 MINORS

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 _____, a minor (the "Volunteer"), and

_____, the parent having legal custody and/or the legal guardian of the volunteer (the "Guardian"), 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 and Guardian desire that the Volunteer works as a volunteer for Habitat and engages in the activities related to being a volunteer (the "Activities"). The Volunteer and Guardian understand 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 and Guardian do hereby freely, voluntarily, and without duress execute this Release under the following terms:

Release and Waiver Volunteer and 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 and Guardian understand that this Release discharges Habitat from any liability or claim that the Volunteer 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 the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer and 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.

It is the policy of Habitat that minors under the age of 14 not be allowed on a Habitat work site while there is construction in progress. It is further the policy of Habitat that, while minors between the ages of 16 and 18 may be allowed to participate in construction work, ultra hazardous activity such as using power tools, excavation, demolition or working on rooftops is not permitted by anyone under the age of 18.

Medical Treatment. Volunteer and 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 to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor.

Assumption of the Risk. The Volunteer and 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 Guardian 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 and 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 Guardian do 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 and Guardian expressly agree 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 and Guardian have executed this Release as of the day and year first above written.

Witness: _____ Volunteer: _____

Witness: _____ Parent/Guardian: _____

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):

Signature: _____ Date: _____

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 (____) _____