



<i>For staff use only:</i>	date	initials
<input type="checkbox"/> Scanned	_____	_____
<input type="checkbox"/> Added GW profile	_____	_____
<input type="checkbox"/> Added as VOL	_____	_____
<input type="checkbox"/> Community Service	_____	_____
<input type="checkbox"/> First-to-Work	_____	_____
<input type="checkbox"/> Other agency ref.:	_____	_____

VOLUNTEER INFORMATION FORM

DATE:	/ /
--------------	-----

Please fill out form below completely and legibly.

GENERAL INFORMATION	
NAME:	Phone (cell): ()
MAILING ADDRESS:	Phone (home): ()
CITY, STATE, ZIP CODE/POSTAL CODE, COUNTRY:	Phone (work): ()
EMAIL ADDRESS:	DRIVER'S LIC #: <i>KHFH vehicle drivers only</i>
VOLUNTEER CATEGORY	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP Name: _____ Group #: _____	<input type="checkbox"/> I am interested in <input type="checkbox"/> Construction <input type="checkbox"/> ReStore <input type="checkbox"/> Office work My skills are: _____ <input type="checkbox"/> I am interested in hearing about future volunteer opportunities
AVAILABILITY: <input type="checkbox"/> Specific period: __/__/__ through __/__/__ Comments: _____ <input type="checkbox"/> Ongoing basis: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.	
EMPLOYER MATCHING GIFT PROGRAM INFORMATION	
<input type="checkbox"/> My employer makes donations based on my VOLUNTEER WORK <input type="checkbox"/> My employer makes donations based on my MONETARY CONTRIBUTIONS TO NON-PROFITS	
EMPLOYER NAME:	EMPLOYER ADDRESS:
EMERGENCY INFORMATION	
EMERGENCY CONTACT NAME:	RELATIONSHIP:
ADDRESS:	PHONE (cell/home): ()
	PHONE (work): ()
<i>THE SECTION BELOW REQUESTS INFORMATION THAT MAY BE NEEDED BY ANY HOSPITAL OR MEDICAL PRACTITIONER NOT HAVING ACCESS TO YOUR MEDICAL HISTORY. PLEASE FILL OUT AS COMPLETELY AS POSSIBLE.</i>	
ALLERGIES (food, medicine, etc):	
MEDICATIONS BEING TAKEN:	
DATE OF LAST TETANUS SHOT: / /	PHYSICIAN NAME:
PHYSICAL IMPAIRMENTS/PROBLEMS:	PHYSICIAN ADDRESS:
OTHER INFORMATION:	PHYSICIAN PHONE: ()
HEALTH INSURANCE COVERAGE	
COMPANY NAME:	POLICY # / GROUP #:

*****PLEASE COMPLETE RELEASE AND WAIVER OF LIABILITY ON REVERSE SIDE*****

Rev 03.05.12



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") executed on this ____ day of _____, 20____, by _____ (the "Volunteer") in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Kauai Habitat for Humanity, Inc., a Hawaii nonprofit corporation, their directors, officers, employees, volunteers, 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 Hawaii, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Hawaii. 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.

Volunteer Signature

Date

Witness Signature

Date

Volunteer Name (please print)

Witness Name (please print)