



201 E. Pickard • Mt. Pleasant, Michigan 48804-0765 • 989-317- 9118

# Volunteer Application

## Personal Information

**\*\*\*NOTE:** In addition to reference checks we also check the National Sex Offender Public Website (NSOPW) on all volunteers and staff. Filling out this application & signing below, states you understand this is part of the volunteer application.

Name (First) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Last) \_\_\_\_\_

Birth Month/Day/year \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_

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

Provide phone #'s and circle preference: \_\_\_\_\_  
Home phone \_\_\_\_\_ cell phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Name	Telephone	Relationship

## Volunteer Information:

**Interested in Volunteering (Check all that apply)**  Construction on Homes  ReStore  Serve on the Board of Directors

Driving our Truck or Trailer

**Do you have a:**  Chauffeurs License or  CDL

**How did you learn about this volunteer opportunity?** \_\_\_\_\_

**I have Construction Experience:**  Yes, specify \_\_\_\_\_  No, I am willing to learn

**When are you available: (check all that apply)**  During Week  Weekends  Evenings

**Please Specify Days and times:** \_\_\_\_\_

**How would you like to be recognized?** (Check all that apply)  Verbal Praise  Thank you note  Newspaper/Facebook  
 Photo with Other Volunteers  Framed Inspirational Quote  Flowers  Food/Beverage Other: \_\_\_\_\_

**T-Shirt Size:**  Small  Medium  Large  X-Large  2XL  3XL

**Would you like to be added to our Constant Contact email list to receive updates about volunteer opportunities, events, sales, news, etc.?**  Yes  No **Email:** \_\_\_\_\_

## References: Non relative reference with 2 year minimum relationship:

**Name & Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **How long?** \_\_\_\_\_

I have filled out this application to the best of my knowledge and agree to you checking the (NSOPW) National Sex Offender Public Website data base as part of the application process.

↑Applicant Signature: \_\_\_\_\_

↑Date \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date NSOPW Verified: \_\_\_\_\_



Please read and sign the back of this form. →



**RELEASE AND WAIVER OF LIABILITY:**

This Release and Waiver of Liability (the "Release"), executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ (the "Volunteer") in favor of Habitat for Humanity of Isabella County, a nonprofit corporation ("Habitat"), its directors, officers, employees, and agents.

The volunteer desires to participate and work in Habitat's home building program, and the activities related to the work. The Volunteer understands that the activities may include constructing and rehabilitating residential buildings, being transported to and from work locations, and consuming food and using living accommodations donated for the work.

The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

- 1. Waiver and Release.** The 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 participation in Habitat's home building program.
- 2. Medical treatment.** The 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 participation in Habitat's home building program.
- 3. Assumption of the Risk.** The Volunteer understands that construction may include activities that may be hazardous to the Volunteer and that the food, accommodations, and medical facilities may be donated to Habitat and beyond the control of Habitat.

The Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's participation in Habitat's home building program.

- 4. Insurance.** Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.
- 5. Photographic release.** The volunteer does hereby grant and convey unto Habitat all rights, title, and interest in any and all photographic images and video or audio recordings made by Habitat during Habitat's home building program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- 6. Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that this Release shall be governed by and interpreted in accordance with the laws of the State of Michigan. The 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.

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

**Volunteer:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Witness:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_  
(HFHIC staff/board member)