



Telephone: (530) 621-2111  
Fax: (530) 295-9331

# Volunteer Application

## Information About You

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Are you bilingual?  Yes  No If so, what language? \_\_\_\_\_  
Are you over 18 years old?  Yes  No Occupation or Name of School (if any): \_\_\_\_\_

## Affiliation Information

Do you belong to any organizations or civic affiliations? Please specify: \_\_\_\_\_  
Church affiliation (if any): \_\_\_\_\_

## Areas of Volunteer Interest

*Please check committee or area you are interested in volunteering (we request that you attend the next volunteer orientation). Please indicate your skill level next to checked items: (1=skilled, 2=semi-skilled, 3=unskilled but willing to learn):*

Committees, Construction, Office support, ReSTORE or Events:

- Board of Directors (professional and non-professional).  
 Treasurer/Accounting       Bookkeeping       Legal work  
 Real Estate       Financial Aid       Executive Director  
 Other (please specify) \_\_\_\_\_

- Family Nurture/Family Selection Committee \_\_\_\_\_

- Nominating

- Church Relations

- Public Relations/Fund Raising:     Public Relations     Fund Raising     Event Organization

- Site Selection:     Real Estate     Land Acquisition

- Construction

- Construction Manager     House Leader     Crew Leader
- Site Preparation     Foundation Preparation     Concrete Finishing
- Framing     Roofing     Drywall     Insulation
- Painting     Siding     Electrical     Plumbing
- Finish Carpentry     Flooring     Landscaping     Heating & AC
- Other (please specify) \_\_\_\_\_

- Office Support

- Typing/Computer     Filing     Answering Phones     Phone Follow-up
- Mailings     Newsletter     Computer Tech     Database

- Volunteer Committee

- Volunteer Coordinator     Youth Coordinator

- ReSTORE/Warehouse help     Stocking     Sales     Warehouse Work

Days available:  Mon.     Tues.     Wed.     Thurs.     Fri.     Sat.     Sun.

Do you own vehicles or construction equipment that might be useful to Habitat? (Please specify): \_\_\_\_\_

I am unable to volunteer right now, but would like to help by donating the following: (Financial help, materials, office supplies): \_\_\_\_\_

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

Please fill out both sides (if volunteering your time) and mail completed form to:

- **EDC Habitat for Humanity • 6168 Pleasant Valley Road • El Dorado, CA 95623**



(530) 622-2111

## Emergency Medical Information

In case of emergency, please contact:

Volunteer's name: \_\_\_\_\_

Contact's Name: \_\_\_\_\_

Relation: \_\_\_\_\_

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

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

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

**Any hospital or medical practitioner not having access to the Volunteer's medical history may need the following information:**

Allergies (medicine, food, etc.): \_\_\_\_\_

\_\_\_\_\_

Medications being taken: \_\_\_\_\_

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

Physical impairments: \_\_\_\_\_

Other: \_\_\_\_\_

### **Personal Physician:**

Name: \_\_\_\_\_

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

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

### **Health Insurance Coverage:**

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_



(530) 621-2111

## Release and Waiver of Liability and for Medical Treatment

### 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\_\_\_\_, for \_\_\_\_\_, (the "Volunteer"), in favor of Habitat for Humanity of El Dorado County, Inc., a California nonprofit corporation, its directors, officers, employees and agents (collectively "Habitat").

The Volunteer desires work as a volunteer for Habitat and to engage in the activities related to being a volunteer. 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 does hereby freely, voluntarily and without duress execute this Release under the following terms:

- 1. Waiver and Release:** 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 work for 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 work for Habitat, whether caused by the negligence of Habitat or its officers, 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.

- 2. Medical Treatment:** Volunteer does hereby release and forever discharge Habitat from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for 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 Authorization for Treatment.

- 3. Assumption of the Risk:** The Volunteer understands that the work for Habitat may include activities that may be hazardous to the Volunteer, including, but not limited to construction, loading and unloading and transportation to and from the worksites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and release Habitat from all liability for injury, illness, death or property damage from the activities of the Volunteer's work for Habitat.

- 4. 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.**



(530) 621-2111

- 5. 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 work for Habitat, 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 California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. Volunteer and Guardian agree 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 and Authorization as of the day and year first above written.

Volunteer: \_\_\_\_\_

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

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Witness: \_\_\_\_\_