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| **VOLUNTEER INFO FORM (PRINT CLEARLY)** | |
| Date: |  |
| Name: |  |
| Street Address: |  |
| City, ST, ZIP: |  |
| Home Phone/cell phone: |  |
| Work Phone: |  |
| E-Mail Address: |  |

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| **VOLUNTEER TASK PREFERENCES** |
| Availability: \_\_Mon \_\_Tues \_\_Wed \_\_Thurs \_\_Fri \_\_Sat \_\_\_Mornings \_\_\_Afternoons  I would like to volunteer \_\_\_\_ hours a week / month. |
| \_\_\_Working at a Jobsite \_\_\_Office Volunteer \_\_\_Volunteer Coordination  \_\_\_Deconstruction Volunteer \_\_\_Wheelchair Ramp Construction Team  \_\_\_ Habitat Store  \_\_\_Cashier Volunteer \_\_\_ Merchandising Volunteer \_\_\_Receiving Volunteer  \_\_\_Truck Volunteer \_\_\_Testing and Repair Volunteer \_\_\_General Volunteer    \_\_\_I am interested in serving on a committee or the board of directors of Wolf River Habitat for Humanity. |

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| **PERSON TO NOTIFY IN CASE OF EMERGENCY (PRINT CLEARLY)** | |
| Name: |  |
| Street Address: |  |
| City, ST, ZIP: |  |
| Home Phone/cell phone: |  |
| Work Phone: |  |
| E-Mail Address: |  |

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| **VOLUNTEER FREQUENCY** | | |
| Are you a year-round resident? | Yes | No |
| What months are you local? | From: | To: |

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| **SKILL ASSESSMENT ( MARK YOUR PREFERRED AREAS OF INTEREST)** | | | | | | |
| **Store Volunteer** | **Skilled** | | **Love to Learn** | | **I prefer Not to do this** | |
| Sort donations received |  | |  | |  | |
| Moving/loading items on floor and on/off truck |  | |  | |  | |
| Cleaning donations |  | |  | |  | |
| Cleaning store |  | |  | |  | |
| Test/repair donations |  | |  | |  | |
| Drive truck/donation pick-up and deliveries |  | |  | |  | |
| Cashiering |  | |  | |  | |
| Recycling |  | |  | |  | |
| Front of store customer service |  | |  | |  | |
| S**KILL ASSESSMENT ( MARK YOUR PREFERRED AREAS OF INTEREST)** | | | | | | |
| **Construction** | | **Skilled** | | **Love to Learn** | | **I prefer Not to do this** |
| Forming and Pouring Concrete | |  | |  | |  |
| Framing Interior & Exterior | |  | |  | |  |
| Rafters & Roofing | |  | |  | |  |
| Installing Doors and Windows | |  | |  | |  |
| Siding | |  | |  | |  |
| Insulation | |  | |  | |  |
| Hanging and Finishing Drywall | |  | |  | |  |
| Painting and Staining | |  | |  | |  |
| Finish Carpentry – Doors & Trim | |  | |  | |  |
| Installing Cabinets & Counters | |  | |  | |  |
| Installing Flooring | |  | |  | |  |
| Landscaping | |  | |  | |  |
| Final Cleaning/Move in Prep | |  | |  | |  |
| Construction Supervision | |  | |  | |  |
| Site Host | |  | |  | |  |
| Provide Lunch/Snacks | |  | |  | |  |
| Other: (please list) | |  | |  | |  |
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| **SKILL ASSESSMENT ( MARK YOUR PREFERRED AREAS OF INTEREST)** | | | |
| **Deconstruction** | **Skilled** | **Love to Learn** | **I prefer Not to do this** |
| Deconstruction of items from house |  |  |  |
| Loading/Unloading items |  |  |  |

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| **THANK YOU!** |
| Thank you for completing this volunteer form and your interest in volunteering with Wolf River Habitat for Humanity. Please email this back to [store.wolfriverhabitat@gmail.com](mailto:store.wolfriverhabitat@gmail.com) Attn: Laurie; drop it off at the store during open hours: Thurs and Fri 9-4; Sat 9-1; or mail to Wolf River Habitat for Humanity, Attn: Laurie, PO Box 532, Shawano, WI 54166. |

 **Wolf River Habitat for Humanity**

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| **IMPORTANT:** ***All*** Habitat volunteers must have a signed Waiver of Liability form on file yearly.  *PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!* |

**Release of 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 International, Inc., a nonprofit corporation, and Wolf River Habitat for Humanity, a Wisconsin 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 or commercial buildings, working in the Habitat offices and store.

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

1. **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 inequity, 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, person injury, illness, death or property damage that may result from Volunteer Activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, agents or otherwise. Volunteer 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.

1. **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.
2. **Assumption of Risk.** The Volunteer understands that the Activities 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 site. 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.
3. **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 encourages to obtain his or her own medical or health insurance coverage**.
4. **Photographic Release.** Volunteer does hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images, video or audio recordings made by Habitat during the Volunteer’s Activities with Habitat, including but not to any royalties, proceeds or other benefits derived from such photographs and or recordings.
5. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and this Release shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. 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.

Name of Volunteer (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian’s Signature if under 18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_