

Thank you for your interest in volunteering with Habitat for Humanity! We are so honored and pleased to be your Nonprofit of choice. To get started we will need you to provide us with the following:

APPLICATION PROCESS:

1. **Completed Volunteer Registration Packet**
2. **A Valid Photo ID. A student ID is acceptable for individuals under the age of 18.**
3. ****If it is Court Related, please provide Court Documentation.****

APPROVAL/DENIAL PROCESS:

1. **Review of completed Volunteer Registration Packet**
2. **Pass a Background Check**
3. **Receive an Approval/Denial Email from Clarissa Smith-Thomas (Volunteer Coordinator)**

Please allow 1 week prior to 1st Volunteer day after approval email is received.

If you should have any questions, please contact me:

Clarissa Smith-Thomas, Volunteer Coordinator

OFFICE: 863-292-2256 ext. 7009 CELL: 863-837-8551 FAX: 863-292-2257

EMAIL: clarissa@habitateastpolk.org

AGE RESTRICTIONS DO APPLY:

ReStore Volunteers: 16 years of age is minimum and must be accompanied by an adult for 1st visit. At this time management will make a decision if a parent/guardian will have to attend every visit. Construction Site Volunteers: 14 Years is minimum age, but parent/guardian must attend if under the age of 18. If you are under 18, there will have to be specified days you will be able to attend.

VOLUNTEER INFORMATION

(For management use only)

NAME: _____

EMAIL: _____

CONTACT PHONE
NUMBER: _____

ARE YOU REPRESENTING ONE OF THE FOLLOWING? (Circle one and fill in the blank if applicable):

- Company: _____
- School: _____
- Future Homeowner: _____
- Workforce (CareerSource, Polk Works, Two 6, Employ U, AARP etc.)

- Myself
- Other: _____

Is there a minimum number of hours needed? _____

Under 18? Yes/No Age: _____

Emergency Contact: _____ Phone: _____

Do you have anything such as asthma, severe allergies, back injury, migraines etc? _____

Are you under a doctor's care?

Please list:

VOLUNTEER REGISTRATION
HABITAT FOR HUMANITY OF EAST POLK COUNTY, INC.
3550 RECKER HIGHWAY, WINTER HAVEN, FL 33880
Phone: 863-292-2256 FAX: 863-292-2257

Please Print, Sign, Date and Return

Volunteer's Name: _____ Group or individual representing _____

Residential Address _____ City/State/Zip _____

Mailing Address if different from residential address:

Address _____ City/State _____ Zip _____

Phone () _____ Preferred method of communication: _____

E-Mail _____ DOB: _____

Present/Former Occupation _____ Hobbies/Skills _____

I AM () **18 years or older** () younger than 18* () I would appreciate NOT being called for volunteer opportunities

I AM () High School community service volunteer, () Court ordered community service volunteer hours
() Work Program Intern () CareerSource service volunteer

I AM AVAILABLE: () Monday () Tuesday () Wednesday () Thursday () Friday () Saturday
() YEAR ROUND OR () Jan () Feb () Mar () Apr () May () June () July () Aug () Sep ()
Oct () Nov () Dec

I CAN WORK BETWEEN THE HOURS OF: (9am-12pm) (10am-2pm) (12pm-4pm) (1pm-5pm)
Please be advised if you sign up for a shift you must attend. (2) No call, no shows will not be rescheduled.

How many hours do you need to complete? _____

I WOULD LIKE TO VOLUNTEER FOR () ReStore () Construction () Clerical () Publicity
() Fund Raising () Family Selection () Family Nurture () Church Relations

() Special Projects (Example: Lot clean ups, special event recruiting, etc.)

Do you have any disability or injury that, prevents you from lifting material or may need extra medical attention or accommodation?

Yes _____ No _____

If yes, explain condition:

If no, what is the maximum you can lift? _____ Do not lift more than 30 lbs. alone

Are you allergic to any medication? Yes _____ No _____

If yes, list medication: _____

Please list person to notify in case of emergency:

Name: _____

Phone # _____

Relationship: _____

*****CONSTRUCTION SITE AND RESTORE DRESS CODE*****

1. Closed toe/heel shoes **ONLY!** (Tennis shoes are okay.)
*** **NO** sandals, flip-flops, clogs, or open toe/heel shoes of any kind!
2. Jeans, shorts
*** **NO** short-shorts, rips, spandex, see-through or **NO** underwear showing!
3. Sleeveless shirts, T-shirts, **NO** midriff section is to show or low hanging showing cleavage. ** **NO** thin-strapped tank tops or muscle shirts or shirts with writing that might be considered offensive!
4. **NO** Cell phone use during work, only during break.
5. *Please conduct yourself in a professional manner. Offensive language or actions will not be tolerated. **We will ask you to leave and not return.***
6. **Must wear a face covering and follow CDC guidelines in regard to slowing the spread of COVID-19 while volunteering, no exceptions**

ReStore Volunteers: Please be aware there are hazardous materials present as merchandise for sale. You will be instructed on safe handling procedures. Notify management ASAP in the case of spills or accidents.

All Habitat for Humanity construction sites and ReStore are NON SMOKING

(Initial here)

I give my consent to HHEPC to publish my name and photos on their websites

(Initial here)

Attention: Your signature will serve as notice and consent to a criminal / background check.

Signature: _____ Date: _____

Adult Volunteer Registration

HABITAT FOR HUMANITY OF EAST POLK COUNTY, INC

3550 RECKER HIGHWAY, WINTER HAVEN, FL 33880

Phone: 863-292-2256 Fax: 863-292-2257

Volunteer Agreement, 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") is executed on this day of _____, 20____, by _____, (the "Volunteer"), in favor of Habitat for Humanity of East Polk County, Inc., Habitat for Humanity International, Inc. and any other Habitat for Humanity affiliated organization, Activity Partners, (such as but not limited to sponsors/donors, event coordinators, etc.) and their respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers and agents (collectively, the "Released Parties"). I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties without compensation and engage in the activities related to be a volunteer. I understand that my activities may include but are not limited to the following: working at Habitat for Humanity offices and worksites; working in or for Habitat for Humanity ReStore operations; loading and unloading materials; traveling to and from work sites, towns, cities or countries; consuming food available or provided; living in housing provided for volunteers; assisting in disaster relief areas; constructing, repairing, and rehabilitating residential buildings; other construction related activities; and other volunteer activities ("Activities"). I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, exposure to lead, asbestos and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a preexisting immune system deficiency. I also

A HABITAT FOR HUMANITY KNOWLEDGE CENTER DOCUMENT

understand there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) or country(ies) visited. I further understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, instability, inclement weather or other circumstances that could threaten my health or safety. I also understand that it is the policy of the Released Parties not to pay ransom or make any other payments to secure the release of hostages. I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms: 1 Each Habitat for Humanity affiliate is an independently owned and operated non-profit corporation. Habitat for Humanity International, Inc. does not own, operate, or control the activities of Habitat for Humanity affiliated organizations.

Release and Waiver. I, the Volunteer, acknowledge and understand that participation in the Activities may involve certain risks, including, but not limited to, personal injury(ies), bodily injury, illness, permanent disability, property damage, loss and/or death ("Risks"). These Risks include, but are not limited to, exposure to and/or infection with COVID-19 and/or other viruses and/or bacterial infection even in ideal conditions, and despite any and all reasonable efforts made to mitigate such Risks. I further acknowledge and agree that, due to the nature of the Activities, social distancing of six feet per person will not always be possible and that my participation in the Activities may result in an elevated risk of contracting COVID19 and/or other viruses and/or bacterial infection. I, the Volunteer, further confirm that prior to engaging in the Activities, I may be required to complete a COVID-19 health screening questionnaire provided by one or more of the Released Parties. I agree that I will answer all questions on the questionnaire truthfully. **I agree to not participate in any Activities if, at such time and to the best of my knowledge, I am a carrier of COVID-19 or infected with COVID-19.** I further

A HABITAT FOR HUMANITY KNOWLEDGE CENTER DOCUMENT

agree it is my responsibility to communicate these requirements to any of my minor children who will attend and/or participate in the Activities.

COVID-19 Screening Questionnaire (Please answer truthfully, circle or highlight. Not answering the questionnaire can delay your approval)

1. Have you had any history of fever in the last 14 days? **Yes No**
2. Have you had any respiratory illness such as cough or difficulty breathing in the last 14 days? **Yes No**
3. In the past 14 days, have you or any household member had any contact with a known COVID-19 patient? **Yes No**
4. Have you or any household member have been advised/required to currently quarantine? **Yes No**

(Please be advised if you are currently volunteering and test positive for COVID-19, you will need to provide a negative test and/doctor's consent before you can return.)

Consent to Transportation and Medical Treatment. I consent to the use of first aid treatment and the use of generic and over-the-counter medications and treatments as directed by manufacturer labels, whether administered by the Released Parties or first aid personnel. In an emergency, I understand the Released Parties may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the Released Parties to act as an agent for me to consent to any examination, testing, x-rays, medical, dental or surgical treatment for me as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize the Released Parties to arrange for transportation of me as deemed necessary and appropriate in their discretion. I, the Volunteer, do hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand, and

A HABITAT FOR HUMANITY KNOWLEDGE CENTER DOCUMENT

agree to follow all safety precautions outlined by any Released Party while volunteering. In consideration of and in order to be allowed to participate in the Activities, I do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims, demands, costs and damages of any kind, whether arising from tort, contract or otherwise, which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue, arise from, or are in any way related to my Activities with any of the Released Parties, including but not limited to Risks, whether caused wholly or in part by the simple negligence, fault or other misconduct of any of the Released Parties or of other volunteers, other than their intentional or grossly negligent conduct. In addition, the Released Parties shall have the benefit of any future liability protection for businesses as relating to the COVID-19 pandemic passed by any governmental entity to which the Released Parties are subject. I understand and acknowledge that by signing this Release I knowingly assume the Risks associated with the Activities. I also understand that the Released Parties do 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, illness, death or property damage. Regarding any illness or virus, including COVID-19, I, the Volunteer, understand that even if I follow all guidelines for the prevention and handling of any illness or virus, including COVID-19, there is still a risk that Volunteer could contract such virus or illness. I understand and acknowledge that children under the age of 16 are not allowed on Habitat for Humanity worksites while construction is in progress. While minors between the ages of 16 and 18 may be allowed to participate in some types of build site activities, solely as outlined by the Released Parties, I understand that using power tools, excavation, demolition, working on rooftops and similar activities are not permitted for anyone under the age of 18. I

A HABITAT FOR HUMANITY KNOWLEDGE CENTER DOCUMENT

action whatsoever brought by me or on my behalf which arises or may hereafter arise on account of any transportation, first aid, assessment, care, treatment, response or service rendered in connection with my Activities with any of the Released Parties. If the Volunteer is less than 18 years of age, the parent(s) having legal custody and/or the legal guardian(s) of the Volunteer also hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand and action whatsoever brought by such volunteer or on his/her behalf which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to transport, administer first aid, and consent to assessment, examination, x-rays, medical, dental, surgical or other such health care treatment as set forth in the Parental Authorization for Treatment of, and Travel With, a Minor Child.

Insurance. I understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage. I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for me or my child. I agree that the Released Parties do not assume any responsibility for the payment of such fees or expenses which may be incurred. If I have health insurance, I understand my personal health insurance is my primary coverage.

Confidentiality. I agree that in the course of my participation in the Activities, I may have access to personal and/or health care information of other persons. I agree to maintain the confidentiality of such information, to use such information only as necessary to do my job as a volunteer, and to comply with Habitat for applicable policies regarding such information.

Photographic/Recording Release. I hereby grant and convey unto the Released

A HABITAT FOR HUMANITY KNOWLEDGE CENTER DOCUMENT

Parties all right, title and interest in any and all photographs and video/audio/electronic recordings of me, including as to my name, image and voice, made by or on behalf of any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such materials for any purpose and to any royalties, proceeds or other benefits derived from them. I understand that I will not have any ownership interest in or to such photographs, images and/or recordings, I have not been provided or promised any compensation to me, and I hereby waive any rights, privileges or claims based on any right of publicity, privacy, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings. I understand and agree that this paragraph also applies to my minor child(ren) who are volunteering. Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by state law. I further agree that in the event any clause or provision of this Release is held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release by a Released Party does not prevent the exercise of any other right. I have carefully considered my decision, the benefits and risks involved, and hereby give my informed consent to participate in all volunteer Activities. I have read and understand this Release and Waiver of Liability, I acknowledge that any questions of mine have been answered, and I voluntarily agree to the above provisions. It is my intent to bind my heirs, next of kin, assigns and legal representative.

SIGNATURE OF VOLUNTEER 18 YEARS OR OLDER:

Volunteer: Name (please print): _____

Signature: _____