

## **Habitat for Humanity of Greater Pittsburgh**

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Habitat for Humanity exists because volunteers like you care!! Please help us learn your skills and interests by filling in pertinent components of this volunteer information sheet (don't forget the back!) and returning it to the Habitat office. Thank you so much!

| I prefer to work on the following days (Circle day or days available).   | me:                      |                     |                 |              | Date:        |                  |
|--|--------------------------|---------------------|-----------------|--------------|--------------|------------------|
| Date of Birth (mm/dd/yyyy): / / Occupation:  Are you a veteran?: Are you volunteering for required community service?:  What group are you here with? (if applicable):  Emergency Contact:  Name: Phone:   | dress:                   |                     | City            |              | State        | Zip:             |
| Are you a veteran?: Are you volunteering for required community service?: What group are you here with? (if applicable):   | one #1:                  | Phone #2:           |                 | Email:       |              |                  |
| What group are you here with? (if applicable):  Emergency Contact:  Name:  | te of Birth (mm/dd/yyyy  | )://                | _ Occupation    | ı:           |              |                  |
| Emergency Contact:  Name:  | e you a veteran?:        | Are you v           | olunteering for | required con | nmunity ser  | vice?:           |
| Emergency Contact:  Name:  | nat group are you here w | ith? (if applicable | e):             |              |              |                  |
| Name:  |                          |                     |                 |              |              |                  |
| Construction:  ReStore:  Roofing Siding Drywall Hanging Drywall Finishing Painting Trim Carpentry Electrical Plumbing Carpet Installation Landscaping  Do you have any physical limitations that will affect your ability to work on site?  I prefer to work on the following days (Circle day or days available).   |                          |                     |                 | Pho:         | ne:          |                  |
| □ Roofing □ Cash Register □ Customer Service □ Framing □ Donation Receiving □ Donation Pick-up □ Drywall Hanging □ Donation Pick-up □ Drywall Finishing □ Box-Truck Driving □ Painting □ Trim Carpentry □ Electrical □ Plumbing □ Carpet Installation □ Landscaping □ Do you have any physical limitations that will affect your ability to work on site? □ yes □ If yes, please explain: □ I prefer to work on the following days (Circle day or days available). | Please check all activit |                     |                 |              | fortable sup | ervising others. |
| □ Siding □ Customer Service □ Framing □ Donation Receiving □ Drywall Hanging □ Donation Pick-up □ Drywall Finishing □ Box-Truck Driving □ Painting □ Trim Carpentry □ Electrical □ Plumbing □ Carpet Installation □ Landscaping □ Do you have any physical limitations that will affect your ability to work on site? □ yes □ If yes, please explain: □ I prefer to work on the following days (Circle day or days available).                                     | Con                      | struction:          |                 | ReSt         | ore:         |                  |
| □ Framing □ Donation Receiving □ Donation Pick-up □ Donation Pick-up □ Donation Pick-up □ Donation Pick-up □ Box-Truck Driving □ Painting □ Trim Carpentry □ Electrical □ Plumbing □ Carpet Installation □ Landscaping □ Do you have any physical limitations that will affect your ability to work on site? □ yes □ If yes, please explain: □ I prefer to work on the following days (Circle day or days available).  | $\Box$ R                 | oofing              |                 | $\Box$ Ca    | ash Register |                  |
| □ Drywall Hanging □ Donation Pick-up □ Drywall Finishing □ Box-Truck Driving □ Painting □ Trim Carpentry □ Electrical □ Plumbing □ Carpet Installation □ Landscaping □ Do you have any physical limitations that will affect your ability to work on site? □ yes If yes, please explain: □ I prefer to work on the following days (Circle day or days available).  | $\Box S$                 | ding                |                 | □Cı          | ustomer Ser  | vice             |
| □ Drywall Finishing □ Box-Truck Driving □ Painting □ Trim Carpentry □ Electrical □ Plumbing □ Carpet Installation □ Landscaping  □ Do you have any physical limitations that will affect your ability to work on site? □ yes □ If yes, please explain: □ I prefer to work on the following days (Circle day or days available).  | $\Box F_{1}$             | aming               |                 | $\Box$ Do    | onation Rec  | eiving           |
| □ Painting □ Trim Carpentry □ Electrical □ Plumbing □ Carpet Installation □ Landscaping  Do you have any physical limitations that will affect your ability to work on site? □ yes If yes, please explain: □ I prefer to work on the following days (Circle day or days available).  | $\Box \mathrm{D}$        | rywall Hanging      |                 | $\Box$ Do    | onation Pick | x-up             |
| ☐ Trim Carpentry ☐ Electrical ☐ Plumbing ☐ Carpet Installation ☐ Landscaping  Do you have any physical limitations that will affect your ability to work on site? ☐ yes  If yes, please explain: ☐ I prefer to work on the following days (Circle day or days available).  | $\Box \mathrm{D}$        | rywall Finishing    |                 | □Во          | ox-Truck Dr  | riving           |
| □ Electrical □ Plumbing □ Carpet Installation □ Landscaping  Do you have any physical limitations that will affect your ability to work on site? □ yes  If yes, please explain:  I prefer to work on the following days (Circle day or days available).  | $\Box \mathbf{P}$        | uinting             |                 |              |              |                  |
| ☐ Plumbing ☐ Carpet Installation ☐ Landscaping  Do you have any physical limitations that will affect your ability to work on site? ☐ yes  If yes, please explain:  I prefer to work on the following days (Circle day or days available).   | $\Box$ T                 | rim Carpentry       |                 |              |              |                  |
| □ Carpet Installation □ Landscaping  Do you have any physical limitations that will affect your ability to work on site? □ yes  If yes, please explain:  I prefer to work on the following days (Circle day or days available).  |                          |                     |                 |              |              |                  |
| □ Landscaping  Do you have any physical limitations that will affect your ability to work on site? □ yes  If yes, please explain:  I prefer to work on the following days (Circle day or days available).  |                          | _                   |                 |              |              |                  |
| Do you have any physical limitations that will affect your ability to work on site?   If yes, please explain:  I prefer to work on the following days (Circle day or days available).  |                          | =                   |                 |              |              |                  |
| If yes, please explain:  I prefer to work on the following days (Circle day or days available).  |                          | ındscaping          |                 |              |              |                  |
| I prefer to work on the following days (Circle day or days available).   |                          |                     | _               | -            |              | ]yes □no         |
|  | yes, please explain:     |                     |                 |              |              |                  |
| Monday Tuesday Wednesday Thursday Friday Saturday  |                          | _ ,                 | •               |              | Saturday     | y                |
| Please contact me about the following Habitat for Humanity volunteer opportunities:  Construction Office Work ReStore Board/Committees Special Events  |                          | -                   | •               | -            |              |                  |

## RELEASE AND WAIVER OF LIABILITY

(To be read and signed by all persons intending to do volunteer work for Habitat for Humanity of Greater Pittsburgh, or by a parent or legal guardian of volunteers under the age of 18).

| This Release and Waiver of Liability (the "Release") is executed | on thi | s day          | of      |          |      |          |      |
|--|--------|----------------|---------|----------|------|----------|------|
| 2016, by   | (the   | "Volunteer     | ") in   | favor    | of   | Habitat  | fo   |
| Humanity of Greater Pittsburgh, Inc., a Pennsylvania nonprofit   | corpo  | oration, its d | lirecto | rs, offi | cers | , employ | yees |
| 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 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 of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for Habitat.

Volunteer understands and acknowledges 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, directors, employees, or agents or otherwise. Volunteer also understands that, except as otherwise agreed to by Habitat in writing, 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.** Except as otherwise agreed to by Habitat in writing, 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.
- 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 work sites. In connection thereto, Volunteer recognizes and understands that activities at Habitat may, in some situations, involve inherently dangerous activities. 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 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.*
- 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. **Consent to Sex Offender Registry Check.** HFHGP screens all staff, board members, applicant families and volunteers on the National Sex Offender Public Registry. By completing this waiver you are submitting to such an inquiry.
- 7. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Pennsylvania, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. 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 be enforceable.

| Date: Signature: |  |
|------------------|--|
|------------------|--|