



Habitat for Humanity®

of the Eastern Panhandle

630 West Race St.

Martinsburg, WV 25402

Phone: 304-263-3154

E-Mail: hfhep@citynet.net

Volunteer Data Sheet

Please completely fill out this form and return to the above address.
Due to safety and insurance reasons the following age restrictions apply for volunteering with Habitat for Humanity of the Eastern Panhandle.

Minimum age 18 years (permitted on sites with power tools)

Minimum age 14 years (permitted on all construction sites)

Minimum age 18 (roofing)

Date _____

Name _____ Home Telephone () _____

Address _____ Work Telephone () _____

City _____ Cell Telephone () _____

State _____ Zip _____ E-Mail Address _____

Are you part of a church, business, or other group? _____

Please indicate the days and times you are available to volunteer.

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Construction - Please use the following scale to indicate your current skill level in each area:

- A - Professional tradesperson (current or former) or Licensed General Contractor
- B - Handy person with lots of experience
- C - Some experience, worked as helper
- D - Interested in learning, but with little or no experience

Foundations/Concrete	_____	Drywall Hanging	_____
Block Laying	_____	Drywall Finishing	_____
Framing	_____	Vinyl Siding Installer	_____
Roofing	_____	Finish Carpenter	_____
Electrical	_____	Painting	_____
Plumbing	_____	Landscaping	_____
Insulation	_____	General Labor	_____
ReStore (a store)	_____	Pick up/Delivery	_____

Do you have experience that you would like to contribute by working on a committee? _____
If so what committee or committees would you be interested in _____

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. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of West Virginia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of West Virginia. 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.

Witness:

Volunteer:

Address: _____

Phone: _____

(H) _____

(M) _____

RELEASE AND WAIVER OF LIABILITY

THIS RELEASE AND WAIVER OF LIABILITY (the "Release") executed on this day of _____, 2006, by _____ (the "Volunteer") in favor of HABITAT FOR HUMANITY OF THE EASTERN PANHANDLE, INC., a West Virginia nonprofit corporation, its 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 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. Waivers 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 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 which 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,

In case of emergency, please contact:

Name: _____
Relation: _____
Address: _____
Phone: (home) _____
(work) _____

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer's medical history:

Allergies (Medicine, food, etc.): _____

Medication being taken: _____
Date of last tetanus shot: _____
Physical Impairments: _____
Other: _____

Personal Physician:

Name: _____
Address: _____
Phone: _____

Health Insurance Coverage:

Company: _____
Policy Number: _____
Insurance Agent: _____