

Volunteer Application Form

PERSONAL INFORMATION

First Name: _____ Last Name: _____
 Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Home Telephone: _____ Work Telephone: _____
 Email Address: _____ Occupation: _____
 Company Name: _____ Community Organization: _____
 Do you own CSA approved steel toed work boots: Yes No

Volunteers must be 16 years of age to volunteer for Habitat for Humanity Kingston Limestone Region

Have you previously volunteered with Habitat for Humanity?: Yes No
 How did you hear about Habitat for Humanity Kingston Limestone Region? (Please check all that apply):
 Newspaper Radio Television Website Friend/Family Member Social Worker Community Fair
 School/Community Centre Religious Community Community Fair ReStore
 Other (please specify) _____

MEDICAL & EMERGENCY INFORMATION

In the event an emergency should arise and I should need emergency medical treatment or hospitalization permission is granted to the leaders of Habitat for Humanity Kingston Limestone Region to grant authorization for necessary care. Please fill in the below information as detailed as possible:

List of medications:

List of any known allergies (plans, medications, insect bites, etc.):

Do you have any medical and/or physical information you wish to be taken into consideration or that you feel may affect your ability to perform as a volunteer?

Emergency Contact Person (Please print information clearly):

Name: _____ Relationship to Volunteer: _____
 Telephone Number: _____ Mobile Number: _____ Work Number: _____

Please keep us updated if any of the above information should change.

 Volunteer Signature

 Parent of Guardian (If under 18)

 Date

RELEASE & WAIVER LIABILITY

This **Release and Waiver Liability** (the "Release") allows _____ (the "Volunteer") in favour of Habitat for Humanity (Canada) INC., a Canadian non-profit organization ("HFH-KLR") and their directors, officers and agents. The volunteer desires to participate in Habitat for Humanity – Kingston Limestone Region ("HFH-KLR") activities. The Volunteer understands that the activities include preparation and construction or renovation of residential buildings, various undertakings of the ReStore and the consuming of food provided by local people and organizations. The Volunteer does hereby freely, voluntarily, and without duress execute the Release under the following terms:

1. Waiver and Release: The Volunteer does hereby release and forever discharge and hold harmless HFH-KLR and their successors and assign from any and all liability, claims and demands or whatever kind of nature, either in the law or inequality, which arise or may hereafter arise from the Volunteer's participation in HFH-KLR work projects. The Volunteer understands that this Release discharges HFH-KLR from any liability or claim that the Volunteer may have against HFH-KLR with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's participation in HFH-KLR work projects. The Volunteer also understands that HFH-KLR 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.

2. Medical Treatment: The Volunteer does hereby release and forever discharge HFH-KLR 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 participation in any HFH-KLR work projects.

3. Assumption of the Risk: The Volunteer understands that HFH-KLR work projects may include activities that may be hazardous to the volunteer and that the food and medical facilities may be donated to, and be beyond the control of HFH-KLR. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities and releases HFH-KLR from all liability from injury, illness, death or property damage resulting from activities of the Volunteer's participation in any HFH-KLR work projects.

4. Insurance: The Volunteer understands that HFH-KLR does not carry or maintain health, medical, or disability insurance coverage for volunteers. Each Volunteer is expected and encouraged to arrive with medical and health insurance coverage in effect.

5. Photographic Release: The Volunteer does hereby grant and convey unto HFH-KLR all right title and interest in any and all photographic images and video or audio recording made by HFH-KLR during any work projectst including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other: The Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the country of Canada and each of the provinces. This Release shall be governed by and interpreted in accordance with the laws of the country of Canada and the province within which it is executed. The Volunteer agrees that in the event that any clause or provisions 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 the Release which shall continue to be enforceable.

7. Confidentiality: Whereas, HFH-KLR's policy on partner family confidentiality has been communicated to me, I, the undersigned, agree that I will not disclose or make known any partner family information or matter which comes to my knowledge through my volunteer service with HFH-KLR. I further acknowledge and agree that I will maintain this oath of confidentiality after my volunteer service with HFH-KLR has been completed.

Dated this _____ day of _____, AD _____ at _____, Ontario

Please keep in mind that a volunteer commitment is a serious one. Think carefully about your decision before you make the commitment. - Thank you!

Witness: _____
(Please Print)

Volunteer Name: _____
(Please Print)

Signature: _____

Signature: _____