



Volunteer Form & Waiver

Name _____	Phone _____	Email _____
Mail Address _____	City _____	ST _____ Zip _____
Affiliations: Church _____	Organization(s) _____	Thrivent? _____
Employer: _____	Times Available: _____	___All Year ___Summers Only Other _____

Areas of Interest

Please check general area(s); optionally, circle specific interest(s):

- Construction** (framing, roofing, vinyl siding, drywall, trim, painting, cleanup, crew leader)
- Committee Work** (Board, Family Services, Construction, PR/Development, Church/Community)
- ReStore** (sales floor, clean/display merchandise, donation pickup & delivery in ReStore trucks)
- Miscellaneous** (fundraisers, provide food for events/build sites, office work, volunteer coordinator)
- Professional Skills** (accounting/finance, computer, legal, grant writing, other _____)

Emergency Contact Information

Name _____ Relationship _____ Phone _____

Address _____ City _____ ST _____ Zip _____

Physician _____ Hospital _____

Existing condition(s) your crew leader should be aware of _____

Note: It is your responsibility to notify crew leader each time you work.

Liability Release

I hereby release Habitat for Humanity of Benzie County (HFHBC) and any of its associations, including its agents, directors, officers, or workers, from any and all claims, demands, suits, or causes of action against it which I have or may have in the future with regard to any and all accidents, injuries or damages to me or my property arising from work performed on HFHBC projects. I understand that I am a volunteer working on a project and as such waive all rights to claims, demands, suits, or causes of action for injury or damage sustained in relation hereto.

Accident Insurance Coverage

I further understand that HFHBC currently provides Volunteer Accident Medical Insurance Coverage with a \$250,000 limit. This coverage is primary coverage insurance for volunteers without personal accident medical insurance and becomes secondary coverage insurance for volunteers with existing personal accident medical insurance coverage subject to all deductibles and policy terms and conditions relating to working as a volunteer on a Habitat for Humanity project.

Confidentiality Agreement

I consciously and willingly promise never to reveal any private or personal information about applicants, homeowners, volunteers, or other members of HFHBC which I become aware of through my participation.

I further state that I have carefully read and understand the foregoing, and sign as my own free act.

Signature _____ Date _____