



Volunteer Application

Thank you for your interest in volunteering with Habitat of Humanity of Lincoln County! We appreciate the dedicated community members, *such as you*, who have a desire to partner with us in our efforts to provide safe, decent and affordable housing; as well as offer low-cost building materials, furniture, and appliances through our ReStores. In order to ensure that you are matched with the best possible volunteer opportunity for your skills and interests, we appreciate you completing this application.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

How did you hear about us? _____

Were you referred to Habitat Lincoln County for community service? YES NO

Referral Agency: _____

Contact Person: _____ Phone: _____

Why would you like to volunteer with Habitat Lincoln County? _____

List your skills and interests: _____

Are you under the age of 18? YES NO DOB: _____ (if under 18)

Have you had a tetanus shot? YES NO Approximate date of shot: _____

Please select the day(s) and time(s) that you are available to volunteer.

- Monday Hours: _____
- Tuesday Hours: _____
- Wednesday Hours: _____
- Thursday Hours: _____
- Friday Hours: _____
- Saturday Hours: _____



Volunteer Opportunities

Please check all the volunteer opportunities that are of interest to you.

- Home Build
 - This position assists our contractors with building new homes for families in our community. This is a great opportunity for large groups seeking a one to three-day volunteer opportunity. A sex offender and criminal background check is required for this position.
- Critical Home Repair
 - This position utilizes skilled construction and/or maintenance volunteers to provide individuals with low-income and disabilities within home repairs that are critical to their health and well-being. A sex offender and criminal background check is required for this position.
- Committee Members
 - These positions support vital aspects of Habitat's program including family selection, family support, faith relations, construction, fundraising, and outreach. A sex offender and criminal background check is required for this position.
- Special Event Support
 - This position assists our team with events focused on fundraising, supporting local community initiatives, and volunteer fairs. A sex offender and criminal background check is required for this position.
- Office Support
 - This position assists with general office tasks, such as answering phones, data entry, and document management, as well as volunteer coordination. A sex offender check is required for this position.



Habitat Lincoln County ReStores are open from 10:00 am - 6:00 pm Wednesday through Saturday.

Select a ReStore Location:

Lincoln City - 1255 NW Hwy 101

Newport - 134 E. Olive Street

Please check all the ReStore opportunities that are of interested to you.

- Customer Service
 - This position assists customers with their ReStore purchases and/or donation drop offs. A sex offender and criminal background check is required for this position.
- Warehouse
 - This position is responsible for preparing donations, load/unloading trucks, stocking shelves, and assisting staff with organizing showrooms. A sex offender and criminal background check is required for this position.



- Delivery/Pick-up
 - This position assists staff with delivering customer purchases as well as picking up donations. Volunteer must be able to lift up 50lbs and a background check is required. A sex offender and criminal background check is required for this position.

Applications can be emailed to office@habitatlincoln.org, dropped off at either ReStore location, or mailed to PO Box 1311, Newport, 97365. For more information on Habitat Lincoln County and how you can be involved, please visit our website at habitatlincoln.org.



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 Lincoln County, Habitat for Humanity International, Inc. and any other Habitat for Humanity affiliated organization¹, and _____.

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 being 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 in-person and/or online 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 pre-existing immune system deficiency.

I also 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:

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

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.

person will not always be possible and that my participation in the Activities may result in an elevated risk of contracting COVID-19 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 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 agree it is my responsibility to communicate these requirements to any of my minor children who will attend and/or participate in the Activities.

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 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 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: _____

Address: _____

Phone: (H) _____ (C) _____ Email: _____

Date of Birth: _____

Witness: Name (please print): _____ Signature: _____

EMERGENCY CONTACT INFORMATION FOR VOLUNTEER OVER 18 YEARS OF AGE:	
Name :	Relationship: _____
Address: _____	
Phone: (H) _____	(C) _____ (W) _____
Email: _____	

IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must complete the signature section below. If only one parent or guardian signs these forms on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, that he/she is fully authorized to do so, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

Name of Volunteer Under 18 Years Old:

Name: _____ Date of Birth: _____

SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF THE ABOVE MINOR:

I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent, on behalf of the above listed minor child, for him/her to participate in all Activities as set forth in the above Volunteer Agreement, Release and Waiver of Liability, and such terms are incorporated herein. I have read and understand the above Volunteer Agreement, Release and Waiver of Liability, any questions of mine have been answered, and I voluntarily agree to all such provisions. It is my intent to bind my and the minor Volunteer's heirs, next of kin, assigns, and legal representatives. **Furthermore, I understand that the above Volunteer Agreement, Release and Waiver of Liability is made on behalf of my minor child(ren) and/or legal wards and I represent and warrant to Habitat for Humanity International, Inc. or its affiliated organizations that I have the full authority to sign this on behalf of such minor(s).**

Parent/Guardian: Name (please print): _____ Signature: _____

Address: _____

Phone: (H) _____ (C) _____ E-mail: _____

Witness: Name (please print): _____ Signature: _____

Parent/Guardian: Name (please print): _____ Signature: _____

Address: _____

Phone: (H) _____ (C) _____ E-mail: _____

Witness: Name (please print): _____ Signature: _____

EMERGENCY CONTACT INFORMATION FOR THE ABOVE LISTED MINOR VOLUNTEER:	
Name: _____	Relationship: _____
Address: _____	
Phone: (H) _____	(C/W) _____ E-mail: _____

REVISION HISTORY

Date	Explanation
July 2020	The volunteer waiver template was reviewed in July 2020 as part of a regularly scheduled legal review process. While the previous waiver template contained broad assumption of risk language, additional language was added to expressly address COVID-19 related risks. This includes requiring that all volunteers agree to comply with all COVID-19 protocols set by Habitat, as well as specific and increased release language for COVID-19 related damages. In addition to COVID-19 updates, the July 2020 version of the volunteer waiver template makes minor adjustments to the youth activities and photo release sections. Lastly, it addresses situations where only one parent or legal guardian is signing on behalf of a minor. Affiliates should continue to consult with their Boards and local counsel for state-specific issues related to volunteer waivers.
June 2021	The volunteer waiver was updated in June 2021 to add the concept of online engagement to the definition of possible volunteer "Activities."



CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS

As a volunteer of Habitat for Humanity of Lincoln County, I may receive personal, privileged, and/or confidential information concerning partner families, affiliate issues, personnel, the organization's operations or other individuals and organizations with whom we are associated. I will ensure that this information remains confidential and is not disclosed, whether I am actively engaged in volunteer activities or my volunteer involvement with Habitat for Humanity of Lincoln County has ended for any reason. Any disclosure, misuse, copying or transmitting of any material data or information, whether intentional or unintentional, will subject you to disciplinary action, according to the procedure set by Habitat for Humanity of Lincoln County and any applicable laws.

I hereby agree to these terms and understand that any information obtained during the performance of my duties, including information about members, clients, families, employees and other associate organizations, as well as any other information otherwise marked or known to be confidential, must remain confidential.

Signature

Print Name

Date



Habitat for Humanity online safety training courses

Habitat for Humanity volunteers and employees are encouraged to take appropriate training courses before working at a jobsite, store, office, fundraiser or other Habitat-related event. Follow the instructions below to take an online safety training course.

How to take a training course

1. Visit HFHAffiliateInsurance.com/courses.
2. Enter access code **W8NAEBTG**.
3. Select the appropriate course from the course catalog.
4. Follow along with the presentation and complete the 10-question quiz. Scores 70% and above pass the course. If you do not pass, please retake the course.



Once you have passed the training course, the affiliate you selected will receive notice of your course completion.

Thank you for participating and for supporting your local Habitat for Humanity affiliate.

The Habitat for Humanity Affiliate Insurance Program is administered by Lockton Affinity, LLC d/b/a Lockton Affinity Insurance Brokers LLC in California #0795478. Coverage is subject to actual policy terms and conditions. Policy benefits are the sole responsibility of the issuing insurance company. Coverage may be provided by an excess/surplus lines insurer which is not licensed by or subject to the supervision of the insurance department of your state of residence. Policy coverage forms and rates may not be subject to regulation by the insurance department of your state of residence. Excess/Surplus lines insurers do not generally participate in state guaranty funds and therefore insureds are not protected by such funds in the event of the insurer's insolvency. Habitat for Humanity will receive a royalty fee for the licensing of its name and trademarks as part of the insurance program offered to the extent permitted by applicable law.