

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:	Ph	one:
How did you hear about us?		
Were you referred to Habitat Linco	In County for community service?	□ YES □ NO
Referral Agency:		
Contact Person:	Phone:_	
Why would you like to volunteer wi	th 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 st	not:
☐ Monday☐ Tuesday☐ Wednesday☐ Thursday☐ Hours:☐ Hours:	s) that you are available to voluntee	r.

Volunteer Opportunities

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

	Home Build
	 Assist 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.
	Critical Home Repair
	 Construction and/or maintenance volunteers provide individuals with low-income and disabilities with home repairs that are critical to their health and well-being.
	Committee Members
	 Support vital aspects of Habitat's program including family selection, family support, faith relations, construction, fundraising, and outreach.
	Special Event Support
	 Assist our team with events focused on fundraising, supporting local community initiatives, and volunteer fairs.
	Office Support
	 Assist with general office tasks, such as answering phones, data entry, and document management, as well as volunteer coordination
convid	A sex offender and criminal background check is required for all volunteer positions. A ction does not necessarily preclude individuals from volunteer opportunities. Decisions are base a nature and severity of the offense and time since the event.
	ReStore.
	Habitat for Humanity of Lincoln County
Н	labitat Lincoln County ReStore is open from 11:00 am - 5:30 pm Tuesday through Saturday.
	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

Applications can be emailed to <u>volunteer@habitatlincoln.org</u>, dropped off at the affiliate office or the Newport ReStore, 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 <u>habitatlincoln.org</u>.

sex offender and criminal background check is required for this position.



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 Liabil	lity (the "Release") is executed on this		
	, (the "Volunteer"), in favor of Habi	tat for Humanity of	of Lincoln County,
Habitat for Humanity International	al, Inc. and any other Habitat for Hu	manity affiliated o	organization ¹ , and
	· · · · · · · · · · · · · · · · · · ·		
I the Volunteer desire to work as	a volunteer for one or more of the Rele	ased Parties with	out compensation
•	d to being a volunteer. I understand th		•
not limited to the following: working	ng at Habitat for Humanity offices and	worksites; workin	g in or for Habitat
for Humanity ReStore operations;	loading and unloading materials; trav	eling to and from	work sites, towns,
cities or countries; consuming food	d available or provided; living in housir	ng provided for vol	unteers; assisting

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.

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 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.

<u>Insurance</u>. 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.

<u>Confidentiality</u>. 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.

<u>Other.</u> 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.

_				_						_	_	_		
c	IC NI	ΛТΙ	IDE	\sim E	\mathbf{M}	I INI.	TEER	40	$\nabla \mathbf{E} \mathbf{A}$	DC	\sim	\sim		١.
	I C J I N	4 1 L	JKE	C)F	VLJL	LUIN	IEER	ıο	IEA	\mathbf{c}	UK	L)L	DER	١.

Volunteer: Name (please print):	Signature:
Address:	

Phone: (H)	(C)	Email:
Date of Birth:		
Witness: Name (plea	se print):	Signature:
EMERGENCY CONT.	ACT INFORMATION F	OR VOLUNTEER OVER 18 YEARS OF AGE:
Name :		Relationship:
Address:		
Phone: (H)	(C)	(W)
Email:		
the signature section who is under 18 years covenants, warrants, ro an agent for, any other authorized to do so, are binding himself/herself	below. If only one par of age, then the unders epresents and agrees the individual who may be not that by executing such, the Volunteer, and any gns, and legal represent	8 years of age, all parents or guardians must complete ent or guardian signs these forms on behalf of a Volunteer igned parent or guardian of the Volunteer hereby hat he or she is executing these forms on behalf of, and as a parent or guardian of the Volunteer, that he/she is fully h Release and Parental Authorization, the undersigned is a other parent or guardian of the Volunteer, and all of their atives to such Release and Parental Authorization.
Name:		Date of Birth:
SIGNATURE OF PAR	ENT/GUARDIAN SIGN	ING ON BEHALF OF THE ABOVE MINOR:
consent, on behalf of the above Volunteer All have read and unders of mine have been and the minor Volunteer's that the above Volunt child(ren) and/or legations.	the above listed minor of greement, Release and stand the above Volunters wered, and I voluntarily heirs, next of kin, assigner Agreement, Released wards and I represer	benefits and risks involved and hereby give my informed shild, for him/her to participate in all Activities as set forth in Waiver of Liability, and such terms are incorporated herein. For Agreement, Release and Waiver of Liability, any questions agree to all such provisions. It is my intent to bind my and ans, and legal representatives. Furthermore, I understand see and Waiver of Liability is made on behalf of my minor and warrant to Habitat for Humanity International, Inc. of full authority to sign this on behalf of such minor(s).
Parent/Guardian: Nar	me (please print):	Signature:
Address:		
Phone: (H)	4-1	
	(C)	E-mail:

Parent/Guardian: Name (please	e print):	Signature:	
Address:			· · · · · · · · · · · · · · · · · · ·
Phone: (H)	_(C)	E-mail:	
Witness: Name (please print): _		Signature:	
EMERGENCY CONTACT IN	FORMATION FOR TH	IE 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."