



This form should be filled out and turned in at the Habitat worksite. Do NOT return to the Habitat office

## PLEASE PRINT CLEARLY AND LEGIBLY!

Full Name (first, middle & last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(✓) Check here if you do not wish to receive mailings

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ [  Cell  Landline  Work ]

Secondary Phone: \_\_\_\_\_ [  Cell  Landline  Work ]

Would you like to receive weekly email updates about Volunteer opportunities?  Yes  No

Would you like to receive occasional emails from us regarding special events?  Yes  No

Email: \_\_\_\_\_

### MEDICAL INFORMATION:

Medicine/Food Allergies: \_\_\_\_\_ Meds currently taking: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Which clinic is this Dr. associated with? \_\_\_\_\_

Do you have a preferred hospital if emergency treatment is required? If so, please list: \_\_\_\_\_

### IN CASE OF EMERGENCY, CONTACT:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

### COMMUNITY AFFILIATIONS:

**CHURCH:** Name of Congregation: \_\_\_\_\_ City: \_\_\_\_\_

**BUSINESS:** Employer (If retired, former employer): \_\_\_\_\_

**OCCUPATION:** \_\_\_\_\_

**SERVICE/SOCIAL CLUB(S):** \_\_\_\_\_

### INSURANCE , SAFETY & BACKGROUND CHECK INFORMATION:

\_\_\_\_\_ I understand that the insurance carried by *Greater Fox Cities Area Habitat for Humanity* is secondary coverage. If injured on the worksite, I understand that I must file a claim with my primary insurance carrier before filing any claim with GFCFA Habitat for Humanity's insurance carrier. **I will report any injuries occurring onsite to the supervisor immediately!**

**[Please note: it is required to fill out an accident report if any accident, injury, or "near miss" occurs]**

\_\_\_\_\_ I have read *Greater Fox Cities Area Habitat for Humanity* Safety Guidelines (on the back of this page), safety manual (copy available onsite and on our website) OR have received safety training and agree to abide by the rules listed in this policy.

\_\_\_\_\_ I give my consent to Greater Fox Cities Area Habitat for Humanity to conduct a criminal background and sex offender registry check in accordance with Habitat's written policy. **Check conducted on: \_\_\_\_\_ (date) – FOR OFFICE USE ONLY**

\_\_\_\_\_ Check here if you have ever been convicted of a crime (misdemeanor or felony) or have charges pending against you.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Greater Fox Cities Area Habitat for Humanity Safety Guidelines

Safety is everyone's concern. Please be conscious of the safety of others as well as yourself. Report any safety issues to the site leader or a construction staff member. Do not perform a construction task if you are not sure how to do it safely. Do not perform construction tasks you are not comfortable with or are not physically able to perform.

## General Guidelines for a Safe Worksite:

- THINK before you do your task.
- If you are uncertain about how to perform a task safely – ASK THE SITE LEADER OR STAFF.
- Concentrate on your task and eliminate distractions.
- First aid kits are located in every trailer. See the site support volunteer if you need first-aid supplies.
- Inspect all power tools, hand tools, ladders and scaffolding before using them.
- Advise the site leader or a staff member if you see any unsafe or hazardous situations, materials or conditions.

## Safety Equipment:

- It is required to wear safety glasses or goggles at all times on a Habitat worksite.
- Close-toed shoes are required at all Habitat worksites.
- Hard hats need to be worn when instructed by a staff member or site leader.

## Power tools and other electrical equipment:

- Only use a power tool once you have been properly instructed on its use.
- Never carry a power tool by its cord.
- Avoid electrical shock by obeying these rules:
  - A 3-pronged plug must be used on all electric power tools.
  - Extension cords must not have frayed insulation, hang from nails or suspended from wires.
  - All temporary lights must be equipped with non-conductive guards.

## Hand tools:

- Always select & use the correct type and size tool for the job.
- Handle and carry tools with care.

## Ladders & Scaffolding:

- Inspect a ladder or scaffolding before using it.
- Move your ladder with your work.
- When using an extension ladder, use the "4-to-1" rule. For every 4 feet of height, move the bottom of the ladder 1 foot away from the wall.
- Place ladders on solid footing only.
- Carry tools and materials in proper carrying devices and keep your hands free for climbing.
- When climbing, always face the ladder.

## Clean Work Site:

- A clean work site is a safe work site.
- Clean up all rubbish and scrap materials often.
- Do not allow rubbish or scrap to accumulate on the work site.
- Keep tools and equipment that are not being used put in their proper place.

**Habitat's Safety Goal:  
ZERO ACCIDENTS!**

## Release and Waiver of Liability

**PLEASE READ CAREFULLY!**  
**THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

### **COMPLETE THIS SECTION:**

This Release and Waiver of Liability (the "Release") executed on this

\_\_\_\_\_ by \_\_\_\_\_ (the "Volunteer")  
*Today's date* *Volunteer's name*

in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Greater Fox Cities Area Habitat for Humanity, Inc., a Wisconsin nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat").

#### Activities

The Volunteer desires to work as a volunteer for Habitat and engage in the Activities related to being a volunteer (the "Activities"). 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. Constructing and rehabilitating residential buildings may require the use of potentially dangerous objects, tools and electrical equipment, loading and unloading, and transportation to and from the work site. Volunteer understands that construction is an ultra hazardous activity which may require the use of power tools, and may involve excavation, demolition or working on rooftops. Volunteer understands that the Activities may require Volunteer to be a considerable distance from the ground, or to work on treacherous terrain including, but not limited to, ladders, scaffolding, and rooftops. Volunteer understands that the Activities may take place in and around a potentially unstable structure and that Volunteer should have a heightened awareness of the surrounding environment.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: 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 of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Habitat.

Volunteer understands 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 Activities with Habitat, **whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise.** Volunteer understands that 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.

Medical Treatment: 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 Activities with Habitat.

Assumption of the Risk: The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm with respect to the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

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. Furthermore, the Volunteer understands if the Volunteer is performing Activities at a property not owned by Habitat, that property owner might not have homeowner's insurance.

Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

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 Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

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

## **COMPLETE THIS ENTIRE SECTION:**

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written

**Volunteer** Signature & date:

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
Date

**Witness** (any adult over age 18) Signature & date:

\_\_\_\_\_  
*Signature of Witness*

\_\_\_\_\_  
Date

## **PRINT NAME LEGIBLY**

Volunteer Full Name: \_\_\_\_\_  
**First** **Middle** **Last**

Volunteer's Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip

Phone (H): \_\_\_\_\_

Phone (C or W): \_\_\_\_\_