

VOLUNTEER APPLICATION

Thank you for your interest in Marquette County Habitat for Humanity.

PERSONAL INFORMATION

Today's Date: _____
 First Name: _____ Last Name: _____ Birth date: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 E-mail Address: _____ Phone: _____
 Occupation: _____ Employer/School: _____
 Affiliation with Habitat (Church/Service Club, if applicable): _____
 Emergency Contact: _____ Emergency Phone: _____
 Physical Limitations: _____ Dietary Restrictions: _____

I would like to receive the MCHFH newsletter.
 Please add my name to the Prayer Chain.

***Why do you want to Volunteer : _____

I prefer not to receive from MCHFH: ___ Mailings ___ Emails ___ Phone Calls ___ Appeals

AREAS OF INTEREST

Please indicate your volunteer interest(s).

- | | | |
|---|---|---|
| <input type="checkbox"/> Build New Homes | <input type="checkbox"/> Work at the ReStore | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Repair Homes | <input type="checkbox"/> Assist with mailings | <input type="checkbox"/> Committee Member:
(circle area(s) of interest) |
| <input type="checkbox"/> Provide/Deliver lunches for volunteers | <input type="checkbox"/> Office work | Development / Family / Church Relations
Building-Site / Public Relations / ReStore |

AVAILABILITY

Months Available (PLEASE CIRCLE): Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec ALL / ANY

Days Available (PLEASE CIRCLE): Monday Tuesday Wednesday Thursday Friday Saturday ALL / ANY

Times Available (PLEASE CIRCLE): Mornings Afternoons Evenings ALL / ANY **Hours:** _____

Comments: _____








SKILLS

**Please indicate your skill level in the following areas according to the following rating scale:
1-Willing Worker, 2-Have Some Skills, 3-Skilled, 4-Very Skilled, Can Supervise, 5-Tradesperson.**

Do not be concerned if you are not skilled!

Footings ___ Foundation ___ Concrete Finishing ___ Framing ___ Electrical ___ Plumbing ___ HVAC ___
 Insulation ___ Drywall ___ Heating ___ Painting ___ Floor Covering ___ Siding ___ Cabinets/Countertops ___
 Trim Carpentry ___ Landscaping ___ Mailings ___ Econo Slips ___ Data Entry ___ Retail ___ Merchandising ___
 Social Media ___ Spring Clean Up ___ Fall Clean Up ___ Other: _____

Please forward completed application to: Marquette County HFH ~ PO Box 213 ~ Marquette, MI 49855
 (906)228-3578 ~ Fax: (906)228-2314 ~ TTY: 711 ~ E-mail: info@mqthabitat.org ~ Website: www.mqthabitat.org
 Administrative Offices Location: 2354 US41 South, Marquette, MI 49855

	 <small>Committed to the future of rural communities.</small>	 <small>HAC</small>	 <small>Upper Peninsula Get Connected. Get Answers. *Funded and administered by UPSP*</small>	 <small>*Providing guidance and support to UP residents since 1987*</small>		 <small>EQUAL HOUSING OPPORTUNITY</small>	VS 4-2019
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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") executed on this ____ day of _____, 20__, by _____, (the "Volunteer"), in favor of Habitat for Humanity International, Inc., a nonprofit corporation, Habitat for Humanity Michigan, Inc., a Michigan nonprofit corporation, and Marquette County Habitat for Humanity, Inc., a Michigan nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat").

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 ReStore and office, and living in housing provided for volunteers of Habitat.

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 or 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 (all as "Risks") that may result from Volunteer's Activities with Habitat, whether caused by negligence of Habitat or its officers, directors, employees, or agents or otherwise. These Risks include, but are not limited to, exposure to and/or infection with COVID-19 and/or other viruses or bacterial infections 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 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 or bacterial infections. Volunteer also 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 Risk. The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from worksites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in 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. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage. The volunteer understands that he/she is responsible for payment such as 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.

Confidentiality. The volunteer agrees that in the course of participation in Habitat activities, they may have access to personal and/or health care information of other persons. Volunteer agrees to maintain the confidentiality of such information, to use it only as necessary to do their job as a volunteer, and to comply with Habitat for applicable policies regarding such information.

Photographic Release. Volunteer does hereby grant and convey unto Habitat all rights, titles and interests 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 Michigan, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Michigan. Volunteer agrees that in the event that any clause or provision of the 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.

Signature of Volunteer 18 Years or Older: I hereby give my informed consent to participate in all volunteer Activities. I have read and understand this Release and Waiver of Liability, acknowledge that questions have been answered, and agree to the above provisions.

Volunteer: _____
(please print)

Address: _____

Signature: _____

Phone: _____

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 Marquette County Habitat for Humanity 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: _____