

VOLUNTEER APPLICATION

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

PERSONAL INFORMATION

Todays 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.

***Why do you want to Volunteer : _____

How did you hear about us? _____

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 ~ 2354 US 41 S ~ Marquette, MI 49855
 (906)228-3578 ~ Fax: (906)228-2314 ~ TTY: 711 ~ E-mail: info@mqthabitat.org ~ Website: www.mqthabitat.org**

					
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Ver 12/24

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 Re-Store 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 that may result from Volunteer's Activities with Habitat, whether caused by negligence of Habitat or its officers, directors, employees, or agents or otherwise. 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.

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.

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

(Sign on line, print name below line)

Witness: _____

(please print)

Volunteer: _____

(please print)

Signature: _____

Address: _____

Signature: _____

Phone(s) _____