



Volunteer Registration Form

Group **if applicable* (Church, Club, Corporation, School, etc.): _____

*Are you doing court ordered community service? ☐ YES ☐ NO - If yes, please inform a staff member and fill out appropriate documents before volunteering.

Contact Information:

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Last name: _____ First name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth (DD/MM/YYYY): _____

Volunteers must be at least 16 years old to volunteer at a construction sites; volunteers under 18 must be accompanied by an adult.

Phone: _____ Cell: _____ Email: _____

Can Habitat contact you about future volunteer opportunities, house dedications and other events? **Yes** **No**

Please list two people that can be reached in case of an emergency.

Emergency Contact: _____ Relationship: _____ Phone: _____

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Are you a Veteran or current member of the U.S. Military? ☐ YES ☐ NO

Skill Assessment (check all that apply):

- ☐ **Professional:** Professional or Former professional builder able to supervise **all** aspects of construction.
- ☐ **Skilled:** Professional or former professional builder able to lead **some** aspects of construction.
- ☐ **Handy:** Accomplished "Do-It-Yourselfer."
- ☐ **Unskilled:** Limited or no construction skills, but willing to learn.

Skill Areas (If you chose professional, skilled or handy above, please mark your specific skills below):

- | | | |
|--|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Carpentry (framing) | <input type="checkbox"/> Painting | <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Carpentry (trim) | <input type="checkbox"/> Flooring | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Vinyl Siding | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Roofing |

Other Skill Areas:

- | | | |
|--|---|---|
| <input type="checkbox"/> Medical First Responder | <input type="checkbox"/> Nursing | <input type="checkbox"/> Web/Graphic Design |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Food Service | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Photography/Film | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Furniture Restore | <input type="checkbox"/> Bilingual | <input type="checkbox"/> Public Speaking |

Do you have any previous relationship with HFHBCGTP?

☐ Donation (monetary) ☐ Donation to the ReStore ☐ Volunteered, if so when? _____

☐ **[Check here to indicate that you understand HFHBC-NJ's Privacy Policy]** HFHBC-NJ expects all volunteers to refrain from disclosing any of its confidential or sensitive information. This includes any information about partner families, applicants, volunteers or donors; amounts of money donated; materials donated; or time volunteered. This information is considered confidential and only meant to be used by HFHBCNJ.

Release and Waiver of Liability

I _____ (“**Volunteer**”), desire to volunteer for HFHBCGTP. I understand that the volunteer activities that I may perform include the following: traveling in a motor vehicle or truck; working in HFHBCGTP office or its Restore, which includes a warehouse; loading and lifting of heavy materials; constructing and rehabilitating residential buildings; and in some cases, living in accommodations provided to me by HFHBCGTP. In connection with my volunteer activities, I knowingly and voluntarily sign this Release and Waiver of Liability (“**Release**”) on this (**Date**) _____, in favor of HABITAT FOR HUMANITY BURLINGTON COUNTY AND GREATER TRENTON-PRINCETON AFFILIATE, INC., its directors, officers, employees, agents, successors, and assigns (collectively, “HFHBCNJ”).

1. I, the Volunteer, understand that my volunteer activities on behalf of HFHBCGTP may be inherently dangerous activities. I expressly assume the risk of injury or harm in these activities.
2. I release and forever discharge HFHBCGTP from all liability, claims, and demands, of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer activities on behalf of HFHBCGTP. “Liability, claims and demands” includes those relating to bodily injury, personal injury, illness, death, or property damage; claims relating to any duty to provide a reasonable safe workplace; claims involving a duty of care to licensees or invitees; claims brought under a “gratuitous employee” or other employer-employee theory of liability; and claims alleging concealment of a workplace hazard.
3. I, the Volunteer, also understand that HFHBCGTP carries limited insurance coverage for volunteers. This insurance acts as a secondary payer to a volunteer’s primary coverage. For this reason, I understand that I am expected and encouraged to obtain my own medical or health insurance coverage before participating in volunteer activities. If I do not have such insurance, I understand that I am expected to disclose same to HFHBCGTP prior to engaging in any volunteer activities.
4. I, the Volunteer, release and forever discharge HFHBCGTP from all liability, claims and demands, of whatever kind or nature, either in law or in equity, which arise or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with or as a result of my volunteer activities on behalf of HFHBCGTP.
5. I waive and expressly grant to HFHBCGTP all right, title, and interest in photographic images, video or audio recordings of myself made by HFHBCGTP during my volunteer activities. This includes royalties, proceeds, or other benefits derived from such photographs or recordings.
6. I understand that this Release is intended to be as broad and inclusive as permitted by laws of the State of New Jersey. I also understand that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey.
7. I understand that nothing in this Release shall be construed as a waiver of workers’ compensation exclusivity, if one exists. I also understand that nothing in this Release shall be construed as waiving any of HFHBCGTP’s rights, benefits or entitlements under a charitable immunity statute or law.
8. I agree 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.

Volunteer: Name (*please print*) _____

Signature _____ Date _____

Parent or Legal Guardian Signature _____ Date _____

Witness: Name (*please print*) _____

Signature _____ Date _____