



VOLUNTEER APPLICATION & WAIVER OF LIABILITY

Please print all information legibly

Volunteer's Name:	Date:	2024
Home Address:		
City:	State:	Zip Code:
Cell Phone:	Home Phone:	
Email Address:		

Are you 16 yrs of age or older?: Yes No

Volunteer Type?: Individual Group Court-Ordered/Community Service

*If you are volunteering as part of a group, please fill out this following section.
If not, skip the next section and move straight to the Emergency Contact Info section.*

Volunteer Group Name:	Scheduled Volunteer Date:
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EMERGENCY CONTACT INFORMATION –Required

Emergency Contact Name:	Relation to Volunteer:
Phone Number:	

DEMOGRAPHICS

This information helps us understand our community better!

Race: <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Pacific Islander <input type="radio"/> White or Caucasian <input type="radio"/> Two or more races <input type="radio"/> Other: _____	Gender: <input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Transgender <input type="radio"/> Non-binary <input type="radio"/> Agender/ I don't identify with any gender <input type="radio"/> Prefer not to answer <input type="radio"/> Other: _____	Age: <input type="radio"/> 14-17 years old <input type="radio"/> 18-34 years old <input type="radio"/> 35-44 years old <input type="radio"/> 45-54 years old <input type="radio"/> 55-64 years old <input type="radio"/> 65+ years old	Do you identify (now or previously) with any of these groups?: <input type="radio"/> LGBTQIA+ <input type="radio"/> Veteran <input type="radio"/> Immigrant/ Refugee <input type="radio"/> Person with disabilities <input type="radio"/> Experienced Homeless <input type="radio"/> Incarcerated/formerly incarcerated <input type="radio"/> English is not my first language <input type="radio"/> _____
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****In the event of a disaster, are you interested in being a Habitat Affiliated Volunteer?** Yes No

Affiliated Volunteers are attached to a recognized voluntary or nonprofit organization and are trained for specific disaster response activities. Their relationship with the organization precedes the immediate disaster, and they are invited by that organization to become involved in a particular aspect of emergency management. If you select 'yes' to this question, a Habitat representative will be in contact with you.

Waiver information **must** be completed before an individual's first volunteer shift. Invalid submissions will disqualify an individual from volunteering until a waiver is successfully submitted. Waivers must be renewed at the end of each year.

Kathryn (Katie) Webb, Volunteer and Special Events Manager

Salt Lake Valley Habitat for Humanity & ReStore

1276 South 500 West | Salt Lake City | Utah | 84101

ph: (801) 263-0136 x 7 | fax: (801) 263-0727 | email: Kathryn@habitatsaltlake.org | web: www.HabitatSaltLake.org



VOLUNTEER APPLICATION & WAIVER OF LIABILITY

Please read carefully as this is a legal document that affects your legal rights

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20 **24**,

by _____ (the "Volunteer") in favor of Habitat for Humanity International, Inc., a not-for-profit corporation, and Salt Lake Valley Habitat for Humanity, Inc., a Utah not-for-profit 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 offices and living in housing provided for volunteers of Habitat.

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

1. 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.

The 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. The 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.

2. MEDICAL TREATMENT. The Volunteer does hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account on any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Habitat.

3. ASSUMPTION OF THE RISK. The Volunteer understands that the Activities included 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. The 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.

4. 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.

5. PHOTOGRAPHIC RELEASE. The 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.

6. OTHER. The Volunteer expressly agrees that the Release is intended to be a broad and inclusive as permitted by the laws of the State of Utah, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Utah. The 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 the Release which shall continue to be enforceable.

(This MUST be HANDSIGNED) Volunteer Signature: _____

Volunteer Printed Name: _____

Guardian Signature (only if volunteer is under 18): _____

To complete the sign-up process, please return this form via email, mail or fax to:

Kathryn (Katie) Webb, Volunteer and Special Events Manager
Salt Lake Valley Habitat for Humanity & ReStore
1276 South 500 West | Salt Lake City | Utah | 84101

ph: (801) 263-0136 x 7 | fax: (801) 263-0727 | email: Kathryn@habitatsaltlake.org | web: www.HabitatSaltLake.org