



**CLINTON-GRATIOT HABITAT FOR HUMANITY
VOLUNTEER RELEASE FORM**

Name:		Today's Date:	
Address:		Birth date:	
City:	Zip:	* If under 18, need parental permission	
Preferred Phone Number:		Email:	
Employer:		Have either you or a family member served in the U.S. military?	
COVID-19 vaccination status? (Y/N)		Booster? (Y/N) Fully vaccinated? Copy of card attached?	

VOLUNTEER LIABILITY RELEASE

I hereby release Clinton-Gratiot Habitat for Humanity/Clinton-Gratiot ReStore ("ReStore") and any of its affiliates or associations, including any of its agents, employees, directors, officers, or workers, from any and all claims, demands, suits, or causes of action against it which I have or may have in the future with regard to any and all accidents, injuries or damages to me or my property arising from the work performed on behalf of the ReStore, any Job Site or the Affiliate Office.

I understand that I am a volunteer at the ReStore and/ or at the Building Site or Affiliate Office, and, as such, waive all rights to claims, demands, suits or causes of action for injury or damage sustained in relation thereto. I do not have any medical or physical limitations that would restrict the work I can do on behalf of the ReStore, at any Job Site or the Affiliate Office. I represent that I have medical insurance on my own that covers any and all injuries or medical conditions which must be treated in connection with any and all accidents related to working as a volunteer.

I understand that a criminal records check and, if applicable, a sexual offender background check is required in order to serve as a volunteer for Clinton-Gratiot Habitat for Humanity. I therefore authorize these checks.

I understand I will be required to complete a COVID-19 health screening questionnaire. I agree to not participate in any volunteer activity if I have been exposed to COVID-19 for at least two weeks or infected with COVID-19, with or without symptoms.

I AGREE DO NOT AGREE to allow any photos taken of me at any Habitat event or worksite to be used for any purpose Habitat deems necessary.

Skills

Please identify using the following scale (1-4) to indicate your level of experience.

1. I am a **highly skilled** worker, able to lay out activities and supervise others.
2. I am a **skilled** worker who can take responsibility for my own activities and/or tools
3. I am a **handy** person with some experience
4. I have **no** experience, but I am ready to learn!

I would like to volunteer:

Doing Construction	At The ReStore	Doing Office Work
Rock the Block Events	Making food/cookies	Community Service
Board Membership	Committee Member	Driving the ReStore truck for pick-ups

I have special skill in: (licensed contractor, plumber, CPA, Event Coordination, etc) _____

OFFICE USE ONLY

Date Received: _____ Database Updated: _____



Emergency Medical Information (Please Print)

Full Name of Volunteer: _____

Name of Primary Emergency Contact: _____ Relation: _____

Phone Number: () - - Address: _____

Name of Alternate Emergency Contact: _____ Relation: _____

Phone Number: () - - Address: _____

Please list any known allergies or medical conditions:

- I, the volunteer, understand that my activities may include work that may be hazardous to me, including but not limited to exposure to lead, asbestos, mold and COVID-19, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time or have a pre-existing immune system deficiency.
- I expressly agree that this Release is intended to be as broad and inclusive as permitted by state law. Further, a waiver of a right under this Release does not prevent the exercise of any other right.
- I agree that in the course of my participation, I may have access to personal and/or health care information of other persons. I agree to maintain the confidentiality of such information, to use such information only as necessary to my job as a volunteer and to comply with Habitat for applicable policies regarding such information.

DRUG-FREE WORKPLACE POLICY

- Drug and alcohol use are highly detrimental to the safety and productivity of staff members, customers and volunteers in the workplace. No staff member or volunteer may be under the influence of any illegal drug or alcohol while in the workplace, while on duty, or while operating a vehicle or equipment owned or leased by Clinton-Gratiot Habitat for Humanity (CGHFH). The legal drinking age is 21. Providing alcohol for any person under 21 is a violation of the law.
- Clinton-Gratiot Habitat for Humanity is a drug-free workplace. The unlawful manufacture, possession, distribution, dispensation, transfer, purchase, sale, use, or being under the influence of alcoholic beverages or a controlled substance while on CGHFH property, while attending to business-related activities, while on duty, or while operating a vehicle or machine leased or owned by CGHFH is strictly prohibited.
- Drug abuse violations in the workplace will generally result in immediate dismissal. You may use physician-prescribed medications, provided that the use of such drugs does not adversely affect your job performance, your safety, or the safety of other individuals in the workplace. Please notify the management of any prescribed medications that may affect any of the above.
- All staff and volunteers must abide by the terms of this policy, and will notify CGHFH in writing if convicted of a violation of a criminal drug statute occurring in the workplace no later than three calendar days after such conviction.

I have read the foregoing Volunteer Liability Release, I understand the contents thereof, and sign as my own free act.

_____	_____	_____
Printed Name	Signed Name	Date
*Parent must sign if Volunteer under 18 years of age		

_____	_____	_____
Parent/ Guardian Printed Name (Required if Volunteer under 18)	Parent/Guardian Signature	Date