

NAME AND CONTACT INFORMATION

First name Last name

Mailing address line 1

Mailing address line 2

City Province Postal code.....

Home phone..... Cell

E-mail

EXPERIENCE

Occupation

Interest 1 Interest 2

Interest 3 Interest 4

Do you own CSA-approved steel-toed work shoes/boots? Yes No

I understand that I must wear full length pants on a Habitat build site and I have completed the necessary safety training provided by Habitat For Humanity Cornwall & The Counties
Yes No

Volunteers must be 16 years of age to participate on a Habitat job site.
Are you at least 16 years old? Yes No

Have you previously volunteered with Habitat for Humanity? Yes No

If yes, please list your experience

.....

Why did you chose to volunteer for our Habitat Build?

AVAILABILITY Please select your preferred volunteer schedule or availability.

Monday	Tuesday	Wednesday	Thursday	Friday	Notes:
Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	
Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	
Anytime <input type="checkbox"/>	Anytime <input type="checkbox"/>	Anytime <input type="checkbox"/>	Anytime <input type="checkbox"/>	Anytime <input type="checkbox"/>	
All day <input type="checkbox"/>	All day <input type="checkbox"/>	All day <input type="checkbox"/>	All day <input type="checkbox"/>	All day <input type="checkbox"/>	

INTERESTS Please select which of the following volunteer areas are of interest.

Build site	
General labour	<input type="checkbox"/>
First aid*	<input type="checkbox"/>
Trades	<input type="checkbox"/>
Catering	<input type="checkbox"/>
Pickups/deliveries	<input type="checkbox"/>
Cleaning up	<input type="checkbox"/>

FIRST AID

*Valid first aid certification (from Red Cross, St. John’s Ambulance, etc.) is an asset but not a requirement of the volunteer.

First aid certification Yes No If yes, please specify

Certification no.....Certifying organization.....

SKILLS

In what jobs are you skilled, and at what level?

HEALTH AND SAFETY

We don't want to pry, but we do want everyone to be safe. If you are taking any medications that you believe we should be aware of or that emergency personnel should be aware of, please tell us about it here:

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.....

Do you have any medical information and/or physical disabilities you wish to be taken into consideration or that you feel may affect your ability to perform as a volunteer?

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.....

Do you have any allergies of which we should be aware? Do you carry an EpiPen?

.....
.....

Are you able to:

Bend	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lift under 40 lb.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Climb step stools	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Push up to 60 lb.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Climb ladders	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Drag up to 60 lb.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lift under 20 lb.	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

EMERGENCY CONTACT PERSON

Name of emergency contact person

.....
.....

Relationship to volunteer

.....
.....

Landline home..... Cell.....

Work

PLEASE BE SURE TO INFORM US OF ANY CHANGE IN THE INFORMATION ON THIS FORM.

WAIVER

Certain volunteer positions have some risk. While Habitat for Humanity Cornwall & The Counties strives to reduce these risks, they can never be completely eliminated. In consideration of Habitat for Humanity Cornwall & The Counties accepting this application, the undersigned, on my own behalf and the behalf my heirs, executors, administrators and assigns, hereby releases Habitat for Humanity Cornwall & The Counties, its directors, employees, volunteers and agents from any and all claims, demands, damages, actions or causes of action and waives any and all claims that I may have in the future arising out of or consequent of any loss, injury or damage which may have arisen by reason of my involvement as a volunteer or otherwise.

I authorize Habitat for Humanity Cornwall & The Counties to use ***my photo for promotional and public relations purposes***. Without limiting the generality of the foregoing, I further release any recourse, which I may now, or hereafter have resulting from any decision of Habitat for Humanity Cornwall & The Counties.

I have read, understood and agree to the terms of this Commitment, Consent and Waiver Form. Furthermore I understand all.

Applicant's signature Date: