

**NAME AND CONTACT INFORMATION**

First name ………………………………….………Last name……………………………….…….……………… Date of Birth (MM/DD/YYYY) ……………………………..

Mailing address line 1

*Mailing address line 2*

City Province Postal code

Home phone Cell

E-mail

**EXPERIENCE**

Occupation ……………………………………………………………………………………Place of Employment

Interest 1 Interest 2

Interest 3 Interest 4

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

Are you a student who wants to complete your 40 hours of community involvement? Yes  No 

Volunteers must be 16 years of age or older to volunteer in the ReStore. Are you at least  
16 years old? Yes  No 

Volunteers must be 18 years of age to operate power tools on a Habitat job site.  
Are you at least 18 years old? Yes  No 

Have you previously volunteered with Habitat for Humanity? Yes  No 

**If *yes***, please list your experience

To which other community organizations do you belong?

Lions 

Rotary 

Optimists 

Church 

If yes, which?..............................

Knights of Columbus 

Chamber of Commerce 

Other ……………………………….………….  
  
…………………………………………………….

**AVAILABILITY** Please select your preferred volunteer schedule or availability.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** | My availability for shifts is flexible  |
| Morning  | Morning  | Morning  | Morning  | Morning  | Morning  | Morning  |
| Afternoon  | Afternoon  | Afternoon  | Afternoon  | Afternoon  | Afternoon  | Afternoon  |
| Anytime  | Anytime  | Anytime  | Anytime  | Anytime  | Anytime  | Anytime  |
| All day  | All day  | All day  | All day  | All day  | All day  | All day  |

**INTERESTS** Please select which of the following volunteer areas are of interest. For details about these volunteer opportunities, please consult our volunteer coordinator or the volunteer job descriptions handbook.

|  |  |  |
| --- | --- | --- |
| **Build site** | **Events** | **Office** |
| General labour  | Event Volunteer  | Administrative  |
| First aid\*  | Ticket Sales  | IT/Computing  |
| Trades  | Advertising  |  |
| Catering  |  |  |
| **Restore** | **Committees** | **Other** |
| Inventory/pricing  | ReStore…………..  | Booths  |
| Pickups/deliveries  | Family Selection  | Presentations  |
| Workshop  | Family Partnering  | Artwork  |
| Displays/shelving  | Build  | Photography  |
| Customer service  | Board of Directors  | Videography  |
|  | Faith relations  | Social media  |
|  | Fund development  |  |
|  | Volunteer  |  |

**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’re 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:

Do you have any medical information and/or physical disabilities you wish for us to take into consideration?

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

Are you able to:

Bend Yes  No 

Climb step stools Yes  No 

Climb ladders Yes  No 

Lift under 20 lb. Yes  No 

Lift under 40 lb. Yes  No 

Push up to 60 lb. Yes  No 

Drag up to 60 lb. Yes  No 

**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.**

**Habitat for Humanity Seaway Valley respects your privacy. We will use your information only for follow-up contacts, statistical**

**purposes to process and recognize your commitment of time on our behalf and keep you abreast of our future plans. We**

**disclose your information only to our Board and ReStore Committee members and only to accomplish this purpose. If at any time you no longer wish to be contacted by Habitat for Humanity Seaway Valley, please email us at volunteer@habitatseawayvalley.org and we will be happy to remove you from our lists.**

**Signature(s)**

**Applicant Parent or guardian of minor volunteer (under 18)**

**Please print name of parent or guardian**

**Address of guardian**

**Telephone for guardian**

Date

**CONFIDENTIALITY EXPECTATIONS AND AGREEMENT**

I understand that in my capacity as a volunteer for Habitat for Humanity Seaway Valley I might have the opportunity to become aware of confidential information about clients, staff, partner families and the business operations of this organization.

I am aware that anything that I learn or experience during my volunteer interaction that may be considered private, sensitive or privileged information must be held in strict confidence.

I agree that I will not share protected information nor divulge identifying information regarding clients, staff, partner families or the business operations of Habitat for Humanity Seaway Valley.

I acknowledge that, should I fail to comply with expectations of confidentiality, it may result in the termination of my volunteer relationship with Habitat for Humanity Seaway Valley.

I have read, understood and agree to the terms of this Confidentiality Form.

Applicant’s signature Date:

Signature of applicant’s parent or guardian if applicant is under 18 years of age:

Date:

**Photo Consent**

I authorize Habitat for Humanity Seaway Valley 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 Seaway Valley.

I have read, understood and agree to the terms of this Consent Form.

Applicant’s signature Date:

Signature of applicant’s parent or guardian if applicant is under 18 years of age:

Date:

**WAIVER**

Certain volunteer positions have some risk. While Habitat for Humanity Seaway Valley strives to reduce these risks, they can never be completely eliminated. In consideration of Habitat for Humanity Seaway Valley accepting this application, the undersigned, on my own behalf and the behalf my heirs, executors, administrators and assigns, hereby releases Habitat for Humanity Seaway Valley, 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 have read, understood and agree to the terms of this Waiver Form.

Applicant’s signature Date:

Signature of applicant’s parent or guardian if applicant is under 18 years of age:

Date: