

VOLUNTEER INTAKE FORM



PLEASE RETURN FORM TO: ➔

Fostoria Area Habitat for Humanity
PO Box 607 (mailing address)
339 Sandusky St. (physical address)
Fostoria, Ohio 44830
info@fostoriahabitat.org Phone: 419-435-2844

- I. 1. Name: _____
(Last) (First) (Initial)
2. Home Address: _____
3. Business Name: _____
4. Home Phone: _____ Business Phone: _____
5. Best time to call home: _____ To call work: _____
6. Fax: _____ E-mail: _____
7. Church Affiliation: _____

II. Please check areas for volunteer interest:

I WANT TO REHAB/BUILD.... 2012 NEW BUILD ☐ 2013 REHAB ☐

Office Help	Public Relations	Construction	Volunteer Coordination
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Copy writing/editing	<input type="checkbox"/> Crew Leader/Skilled	<input type="checkbox"/> Scheduling
<input type="checkbox"/> Computer /Data Entry	<input type="checkbox"/> Event Planning	<input type="checkbox"/> General Laborer/Builder	<input type="checkbox"/> Build Site Help
<input type="checkbox"/> Mailings	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Registration
<input type="checkbox"/> Phone Work	<input type="checkbox"/> Media Relations	<input type="checkbox"/> Planning/Committee Work	<input type="checkbox"/> Data Management
<input type="checkbox"/> Secretarial/Filing	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Rehab	<input type="checkbox"/> Recruitment
<input type="checkbox"/> Volunteer Management	<input type="checkbox"/> Photography		<input type="checkbox"/> Tracking
	<input type="checkbox"/> Web Design	Build Site Assistance	
Church & Faith Relations		<input type="checkbox"/> Clean-up/Set-up	Serve on a Committee
<input type="checkbox"/> Presentations/Speeches	Fundraising	<input type="checkbox"/> Food	<input type="checkbox"/> Church Relations
<input type="checkbox"/> Special Events	<input type="checkbox"/> Donor Recognition	<input type="checkbox"/> First Aid/CPR	<input type="checkbox"/> Building/Rehab
<input type="checkbox"/> Prayer and Outreach	<input type="checkbox"/> Grant writing	<input type="checkbox"/> Greeter/Hospitality	<input type="checkbox"/> Finance/Fundraising
	<input type="checkbox"/> Mailings	<input type="checkbox"/> Run Errands	<input type="checkbox"/> Family Selection
Partner Family Support	<input type="checkbox"/> Presentations/Speeches	<input type="checkbox"/> Tool Trailer	<input type="checkbox"/> Publicity
<input type="checkbox"/> Counseling	<input type="checkbox"/> Special Events		<input type="checkbox"/> Volunteer
<input type="checkbox"/> Family Advocate		Finance	
	Site Selection	<input type="checkbox"/> Accounting/Bookkeeping	
Family Selection	<input type="checkbox"/> Real Estate Searches	<input type="checkbox"/> Mortgage Management	
<input type="checkbox"/> Conduct Home Visits	<input type="checkbox"/> Land Acquisition		

III. Please check if you are willing to serve on a committee: Commitment includes 1 meeting a month, and 3-4 hours of service work for committee: ☐ YES ☐ NO

IV. Available: ☐ Spring ☐ Summer ☐ Fall ☐ Winter ☐ All Year ☐ School Year ☐ Holidays
☐ Weekday mornings ☐ Weekday afternoons ☐ Weekday evenings ☐ Saturdays ☐ Sundays ☐ Anytime

(PLEASE PRINT CLEARLY)

☐ Mr. ☐ Mrs. ☐ Ms. Last Name: _____ First Name: _____

Spouse: _____ New Volunteer ☐ YES ☐ NO

Street Address: _____ New Address ☐ YES ☐ NO

City, State, Zip: _____

Home Phone: _____ E-Mail: _____

In case of emergency, please contact:

NAME: _____

RELATION: _____

PHONE: (home) _____ (cell or work) _____

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer/Participant's medical history:

Allergies (Medicine, food, etc): _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other: _____

Health Insurance Coverage:

Company: _____

Policy Number: _____ Emergency Phone: _____

I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND RELEASE AGREEMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND HABITAT FOR HUMANITY. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL.

Executed at: _____, Ohio, on: _____
 (Construction Site) (Date)

Date of Birth: _____
 (Participant's Signature)

* * * * *

Habitat volunteers must be 16 years of age or older when the construction site is utilizing power tools/equipment. Parental signature is mandatory for volunteers under 18 years old.

 (Parent/Legal Guardian's Name- PLEASE PRINT)

 (Parent/Legal Guardian's Signature)

Phone () _____

➡ **More on other side**

1. I acknowledge that I have voluntarily applied to Habitat for Humanity of Fostoria ("Habitat for Humanity") to participate in construction and other activities at various locations in Fostoria.
2. As consideration for being permitted by Habitat for Humanity to participate in these activities and use their tools and facilities, I hereby agree that I, my assignees, my heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of Habitat for Humanity, or the suppliers of any of the tools or equipment I will use in these activities, for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, contractor of or other participant in Habitat for Humanity activities.
3. I hereby release Habitat for Humanity from all actions, claims, or demands that I, my assignees, my heirs, distributes, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in any Habitat for Humanity activities.
4. Volunteer does hereby release and forever discharge Habitat for Humanity from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or participation in Habitat's construction.
5. The volunteer understands that Habitat for Humanity does not carry or maintain health or disability insurance coverage for any volunteer. EACH VOLUNTEER IS EXPECTED AND ENCOURAGED TO ARRIVE WITH HEALTH INSURANCE COVERAGE IN EFFECT.
6. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Volunteer agrees that in the event that any invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release shall continue to be enforceable.
7. I AM AWARE THAT CONSTRUCTION IS A HAZARDOUS ACTIVITY. I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITIES OF CONSTRUCTION WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND WITH THE KNOWLEDGE THAT MEDICAL FACILITIES MAY NOT BE AVAILABLE IN THE EVENT OF INJURY TO MYSELF. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT
BY PLACING MY INITIALS HERE: _____

AUTHORIZATION AND RELEASE

I hereby grant to FOSTORIA AREA HABITAT FOR HUMANITY their legal representatives, successors and assigns, irrevocable permission to take and to copyright, in their own name or otherwise, and re-use, publish and republish photographic portraits, pictures or similar images or likenesses (collectively, the "Pictures") of the undersigned and the undersigned's children and/or other minors for which the undersigned is/are legally responsible, including, without limitation, any other Pictures in which the same may be included, in whole or in part, composite or distorted in character or form, without restriction as to changes or alterations, in conjunctions with the undersigned's own or fictitious names, or reproductions thereof in color or otherwise, made through any medium, and in any and all media now or hereafter know for illustration, promotion, art, editorial, advertising, trade, or any other purpose whatsoever. The undersigned also consent to the use of any published matter in conjunction therewith. The Pictures may be published in any manner, including advertising, periodicals, trade show exhibits or other promotional applications. Furthermore, the undersigned will hold harmless FAHFH, their representatives, successors and assigns, from any liability arising from or in connection with the aforementioned Pictures.

The undersigned affirm that they are more than 18 years of age and that they are competent to sign this contract on their own behalf. The undersigned acknowledge that they have read the foregoing authorization and release and that they fully understand its contents.

(Please Sign Name)

(Date)



Thank you for inquiring about volunteer opportunities with Habitat for Humanity. Because of people like you, we are able to continue the mission of providing simple, decent housing in Fostoria for those in need. Please complete the following and return to us in the enclosed envelope. This information will be used in and by Fostoria Area Habitat for Humanity only. It will not be released to any other organization.

Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

Occupation, or school if you are a student: _____

What days are you available to help if it works out
with your schedule at the time we call you?

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday
_____ Saturday

Best time for volunteer work: _____ Morning _____ Afternoon
_____ Evening Other: _____

How would you like to help Habitat for Humanity? (These are general categories: Please fill in your specific areas of interest in the area at the bottom of this form.)

BUILDING HOUSES: Carpentry, framing, roofing, painting, plumbing, dry wall, site prep, heat/AC, insulation, construction coordinator, crew leaders (skilled), etc.

BUILDING THE ORGANIZATION: Public relations, grant writing, fund raising committee, volunteer recruitment, public speaking, board of directors, development committee, site selection, etc.

HELPING HABITAT FAMILIES: Family Selection Committee, Family Nurturing (Guiding), Family Home Visit (Interview) Team

OTHER AREAS: Taking coffee break treats to the builders or to project site, special projects assistance, Church Relations Committee, Building Committee, Finance Committee, OR your special offerings not listed here!

Your specific areas of interest: _____
