



Office Use: C# _____

Please if applies to you:

- CCS (# req. hrs _____)
- Partner Family Member
- Partner Family Support

Volunteer Registration Form

**Each new volunteer must fill out his/her own registration form.
You must be at least 14 years old to volunteer.**

PLEASE PRINT CLEARLY

Volunteer Name: _____ Date: _____

Date of Birth: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Email: _____

Address: _____

City/State/Zip: _____

If you are volunteering with a **group** (*ie: church, school, business, agency, program, other organization*),
please identify: _____

Employer: _____

Occupation/Title: _____

Work Address: _____

Were you referred to Habitat for Humanity by anyone? If so, by whom? _____

Habitat for Humanity is a 501 (c) (3) nonprofit charitable organization. We are dependent upon corporate, foundation, organization and individual generosity in order to meet our mission goals. Many of our national and local supporters want to know how many of their constituents work as volunteers and we provide general demographic data to various foundations. Please help us to continue receiving these vital sources of funding by providing the following information:

Gender: Female ____ Male ____

Race/Ethnicity: _____

Religious Affiliation (if any): _____

Name of Local Congregation (if active): _____

**This form must be completed and turned in to
Greater Cleveland Habitat for Humanity prior to volunteer involvement.**

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**** Please read carefully. This is a Legal Document. ****

This Liability and Publicity Release must be signed and dated by anyone intending to volunteer for Greater Cleveland Habitat for Humanity. Any participant under the age of 18 must have a parent or guardian read and sign this form as well.

Liability and Publicity Release

I, _____ (print name), have agreed to participate in a project organized by Greater Cleveland Habitat for Humanity, Inc. (hereinafter "GCHFH") and Habitat for Humanity International (hereinafter "HFHI"). I understand and agree that my participation is completely voluntary. I understand that my participation, including travel to and from work at sites in the city of Cleveland and greater Cleveland area, carries with it a risk of death, personal injury, illness, and damage to property. As such and with said understanding, I assume all liability and responsibility and release and indemnify GCHFH and HFHI from any and all claims and/or liability.

Volunteer activities may include lifting, using equipment, or other physical exertion, and it is my responsibility to choose appropriate work assignments and make certain a physician is consulted if there are any concerns. It is my responsibility to inform a site leader if I am not able to participate in a specific activity, and I acknowledge that GCHFH and/or HFHI is not responsible for my safety under any circumstance.

In addition, I hereby grant and convey unto GCHFH and HFHI all right, titles, and interest in any writing, picture, or audio/video recording made by GCHFH and/or HFHI of my work for Greater Cleveland Habitat for Humanity, to be used as GCHFH and/or HFHI sees fit, including, but not limited to, any royalties, proceeds, or other benefits derived from such writings, pictures, or recordings.

As a condition of participation, I do hereby release and indemnify GCHFH, HFHI, and their respective officers, trustees, employees, agents, sponsors and volunteers from all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs, which may arise out of or be in any way connected with my participation.

Signature: _____ Date: _____

Accepted by
Parent or Guardian: _____ Date: _____

If participant is under 18, signatures must be of participant AND parent/guardian.

In Case of an Emergency, please contact:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Home phone: () _____ Work phone: () _____

I carry medical insurance (check one): Yes _____ No _____ Cell phone: () _____

Name of Insurance Provider: _____

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