



1840 M-119
Petoskey, MI 49770
Phone: 231-348-6926
Fax: 231-348-6180

Volunteer Application-Please return via email, fax or mail!

Name: _____	Date: _____	
Address: _____	Zip Code: _____	
Home #: _____	Cell #: _____	Work #: _____
Email: _____	Occupation: _____	
DOB: _____	If under 18 we need parent/guardian initials: _____	
Have you served, or are you currently serving in the United States Armed Services? _____		

Emergency Contact Information

Name of person to contact in the event of an emergency: _____
Relationship to you: _____ Phone #: _____
Medical Conditions/Special Accommodations/Allergies that you would like us to make for you? _____ _____ _____

Service Term Desired: *(Circle the applicable)*

- One time volunteer
- Long term volunteer
- Other (Please Clarify): _____
- Unsure

Preferred Start Date:

What specific areas would you like to assist in? _____

How did you hear about Northwest Michigan Habitat for Humanity and its Volunteer Program?

What is your preferred method of contact?

- Via email Preferred email address: _____
- Via phone Preferred Phone Number: _____

Would you be interested in being a part of an email database that will update you on NWMI Habitat for Humanity events and activities?

- Yes
- No

Number of Hours Available to Volunteer Each Week:

- 1-5
- 5-10
- 10-15

Please list the day/time frames you are available to volunteer:

Background Information:

Because the nature of our work requires us to work with at risk families and youth, NWMI Habitat requires its Volunteers and Staff to provide authorization and consent to a standard background check process, as a matter of policy.

Have you ever been convicted of a felony? (Yes/No)_____ If indicated yes, when:_____

I, _____, am requesting to volunteer at the NWMI Habitat. I understand that I am to treat this experience like a job and be respectful of others volunteering, the organization, equipment, staff and partner families. I accept with my signature, as proof of agreement and willing compliance.

I, _____, have attached a completed Release and Wavier of Liability for the current year.

Signature of Applicant and Parent if younger 18

Date

Signature of Applicant and Parent if younger 18

Date

Release and Waiver. I, the Volunteer, acknowledge and understand that participation in the Activities may involve certain risks, including, but not limited to, personal injury(ies), bodily injury, illness, permanent disability, property damage, loss and/or death ("Risks"). These Risks include, but are not limited to, exposure to and/or infection with COVID-19 and/or other viruses and/or bacterial infection even in ideal conditions, and despite any and all reasonable efforts made to mitigate such Risks. I further acknowledge and agree that, due to the nature of the Activities, social distancing of six feet per person will not always be possible and that my participation in the Activities may result in an elevated risk of contracting COVID-19 and/or other viruses and/or bacterial infection.

I, the Volunteer, further confirm that prior to engaging in the Activities, I may be required to complete a COVID-19 health screening questionnaire provided by one or more of the Released Parties. I agree that I will answer all questions on the questionnaire truthfully. I agree to not participate in any Activities if, at such time and to the best of my knowledge, I am a carrier of COVID-19 or infected with COVID-19. I further agree to follow all safety precautions outlined by any Released Party while volunteering.

In consideration of and in order to be allowed to participate in the Activities, I do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims, demands, costs and damages of any kind, whether arising from tort, contract or otherwise, which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue, arise from, or are in any way related to my Activities with any of the Released Parties, including but not limited to Risks, whether caused wholly or in part by the simple negligence, fault or other misconduct of any of the Released Parties or of other volunteers, other than their intentional or grossly negligent conduct. In addition, the Released Parties shall have the benefit of any future liability protection for businesses as relating to the COVID-19 pandemic passed by any governmental entity to which the Released Parties are subject.

I understand and acknowledge that by signing this Release I knowingly assume the Risks associated with the Activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage. Regarding any illness or virus, including COVID-19, I, the Volunteer, understand that even if I follow all guidelines for the prevention and handling of any illness or virus, including COVID-19, there is still a risk that Volunteer could contract such virus or illness.

I understand and acknowledge that children under the age of 16 are not allowed on Habitat for Humanity worksites while construction is in progress. While minors between the ages of 16 and 18 may be allowed to participate in some types of build site activities, solely as outlined by the Released Parties, I understand that using power tools, excavation, demolition, working on rooftops and similar activities are not permitted for anyone under the age of 18. I agree it is my responsibility to communicate these requirements to any of my minor children who will attend and/or participate in the Activities.

Consent to Transportation and Medical Treatment. I consent to the use of first aid treatment and the use of generic and over-the-counter medications and treatments as directed by manufacturer labels, whether administered by the Released Parties or first aid personnel. In an emergency, I understand the Released Parties may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the Released Parties to act as an agent for me to consent to any examination, testing, x-rays, medical, dental or surgical treatment for me as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize the Released Parties to arrange for transportation of me as deemed necessary and appropriate in their discretion. I, the Volunteer, do hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand, and action whatsoever brought by me or on my behalf which arises or may hereafter arise on account of any transportation, first aid, assessment, care, treatment, response or service rendered in connection with my Activities with any of the Released Parties.

If the Volunteer is less than 18 years of age, the parent(s) having legal custody and/or the legal guardian(s) of the Volunteer also hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand and action whatsoever brought by such volunteer or on his/her behalf which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to transport, administer first aid, and consent to assessment, examination, x-rays, medical, dental, surgical or other such health care treatment as set forth in the Parental Authorization for Treatment of, and Travel With, a Minor Child.

Insurance. I understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage. I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for me or my child. I agree that the Released Parties do not assume any responsibility for the payment of such fees or expenses which may be incurred. If I have health insurance, I understand my personal health insurance is my primary coverage.

Confidentiality. I agree that in the course of my participation in the Activities, 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 do my job as a volunteer, and to comply with Habitat for applicable policies regarding such information.

Photographic/Recording Release. I hereby grant and convey unto the Released Parties all right, title and interest in any and all photographs and video/audio/electronic recordings of me, including as to my name, image and voice, made by or on behalf of any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such materials for any purpose and to any royalties, proceeds or other benefits derived from them. I understand that I will not have any ownership interest in or to such photographs, images and/or recordings, I have not been provided or promised any compensation to me, and I hereby waive any rights, privileges or claims based on any right of publicity, privacy, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings. I understand and agree that this paragraph also applies to my minor child(ren) who are volunteering.

Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by state law. I further agree that in the event any clause or provision of this Release is held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release by a Released Party does not prevent the exercise of any other right.

I have carefully considered my decision, the benefits and risks involved, and hereby give my informed consent to participate in all volunteer Activities. I have read and understand this Release and Waiver of Liability, I acknowledge that any questions of mine have been answered, and I voluntarily agree to the above provisions. It is my intent to bind my heirs, next of kin, assigns and legal representative.

SIGNATURE OF VOLUNTEER 18 YEARS OR OLDER:

Volunteer: Name (please print): _____

Signature: _____

Witness: Name (please print): _____

Signature: _____

Waiver of Wages

Michigan State Housing Development Authority

Missing Middle Housing Program

Return completed form to the Missing Middle Housing Program File Manager prior to Volunteer's start date on the below named Project.

Volunteer Name: _____
(First) (Middle) (Last)

Address: _____

Telephone Number: _____

Developer Name: _____

Project Name: _____

Project Address: _____
(Street) (City) (State/ZIP)

I certify to the Michigan State Housing Development Authority (the "Authority") and to the above-named Developer, that I am an unpaid volunteer performing labor on the above-named Project and do not receive any compensation in exchange for such labor including, but not limited to wages, bonuses, fringe benefits, or any other item or benefit of value. In the event that I do receive compensation for such labor or in any manner related to the above-named Project, I will disclose the same to the Authority immediately.

Signature

Date