

Building
houses,
building
Hope



Menominee River
Habitat
for Humanity®

P.O. Box 398
Iron Mountain, MI 49801
(906) 779-5377
Fax (906) 779-5063
coordinator@habitatmr.com

Volunteer Questionnaire

Thank you for your interest in volunteering for Menominee River Habitat for Humanity.
To best utilize your talents and identify your interests, please fill out the following questionnaire:

Name:		Date:
Address:		
City:	State:	ZIP:
Phone:	Cell:	Email:

<p>Committee Interests</p> <p><input type="checkbox"/> Board of Directors</p> <p><input type="checkbox"/> Fund Development</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Communications (PR/Newsletter)</p> <p><input type="checkbox"/> Volunteer Coordination</p> <p><input type="checkbox"/> Construction Committee</p> <p><input type="checkbox"/> Site Selection</p> <p><input type="checkbox"/> Family Selection</p> <p><input type="checkbox"/> Family Support</p> <p><input type="checkbox"/> Church Relations</p> <p><input type="checkbox"/> ReStore Mgt. Committee</p> <p><input type="checkbox"/> Neighborhood Revitalization</p>	<p>ReStore</p> <p><input type="checkbox"/> Clean donations</p> <p><input type="checkbox"/> Sales desk/ReStore Office</p> <p><input type="checkbox"/> Repair donations</p> <p><input type="checkbox"/> Pickup donations/move inventory</p> <p>Other Services</p> <p><input type="checkbox"/> Help with specific fund raising events</p> <p><input type="checkbox"/> Providing lunch/refreshments to work crews</p> <p><input type="checkbox"/> Office Volunteer</p> <p><input type="checkbox"/> Phone calling</p> <p><input type="checkbox"/> Web Page Support</p> <p><input type="checkbox"/> Neighborhood Revitalization</p> <p><input type="checkbox"/> Devotions (groundbreakings, dedications)</p>
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Construction Interest: If you are interested in helping with construction, please place a number on each line that best describes your skill level. *Leave the space blank if you have no interest in that area.

Building Skills	<input type="checkbox"/> Brick Laying	<input type="checkbox"/> Electrical	<input type="checkbox"/> Painting
	<input type="checkbox"/> Cabinets	<input type="checkbox"/> Flooring	<input type="checkbox"/> Plumbing
1. WILLING TO LEARN	<input type="checkbox"/> Carpeting	<input type="checkbox"/> Foundations	<input type="checkbox"/> Roofing
2. BEGINNER	<input type="checkbox"/> Concrete Finishing	<input type="checkbox"/> Framing	<input type="checkbox"/> Siding
3. SKILLED	<input type="checkbox"/> Countertops	<input type="checkbox"/> Heating	<input type="checkbox"/> Staining
	<input type="checkbox"/> Drywall Hanging	<input type="checkbox"/> Insulation	<input type="checkbox"/> Trim/Finish
	<input type="checkbox"/> Drywall Finishing	<input type="checkbox"/> Landscaping	

Licenses/Professional Skills/Tools: _____

Where did you hear about our volunteer needs? _____

Faith Group or other Affiliation _____

Comments _____

Please drop off at our office located at 113 S. Milwaukee Ave in Kingsford in the ReStore building.



P.O. Box 398 Iron Mountain, MI 49801
113 S. Milwaukee Avenue
Kingsford, MI 49802
906-779-5377

Office Use Only
Date of Entry: _____
Initials: _____

Annual Volunteer Agreement

Welcome – Menominee River Habitat for Humanity welcomes you to the construction work site. Habitat for Humanity is a not-for-profit corporation which could not accomplish its Christian housing ministry without the wonderful support it receives from volunteers. We thank you for that support and hope your experience in community service will be rewarding.

Date: _____

New Volunteer *Current Volunteer*

Contact Information:

Name (please print clearly): _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Main contact phone: _____ Email: _____

Yes, please keep me informed about what's happening at Habitat for Humanity Menominee River.

Employer: _____ Occupation: _____

Specific Construction Skills (if applicable): _____

Faith group or other affiliation (church, school, civic, etc.): _____

Emergency Contact Name: _____ Relationship to you: _____

Emergency Contact Phone #: _____ Alternate Phone #: _____

Emergency Medical info (Allergies, medications, etc): _____

Yes, I would like more information on additional volunteer opportunities.

Be Careful -- Working on a construction site is a hazardous activity. We will try our best to provide a safe work site, but volunteers must assume the risk of injury or death which may arise out of the ordinary activities which take place here. Safety on the job site will depend on you. We will provide reasonable supervision and safety oversight, but you are expected to know and follow the basic rules of safety. These include not using power equipment, unless you are experienced or trained properly, wearing proper clothing and safety equipment, always being alert, and helping your fellow volunteers to know and follow safety rules. Be sure to talk to the site superintendent before proceeding to your work if you have any safety questions or concerns. We do not have emergency medical treatment available onsite, but will provide such first aid as may be available.

Participant Initials: _____ **I have read and understand the Volunteer Safety Manual**

Volunteer Agreement
Release and Waiver of Liability

PLEASE READ CAREFULLY!
THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") is executed on this _____ day of _____, 20__, by _____, (the "Volunteer"), in favor of Habitat for Humanity Menominee River, Habitat for Humanity International, Inc. and any other Habitat for Humanity affiliated organization¹, and their respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers and agents (collectively, the "Released Parties").

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties without compensation and engage in the activities related to being a volunteer. I understand that my activities may include but are not limited to the following: working at Habitat for Humanity offices and worksites; working in or for Habitat for Humanity ReStore operations; loading and unloading materials; traveling to and from work sites, towns, cities or countries; consuming food available or provided; living in housing provided for volunteers; assisting in disaster relief areas; constructing and rehabilitating residential buildings; other construction-related activities; and other volunteer activities ("Activities").

I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, exposure to lead, asbestos, mold, and COVID-19, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

I also understand there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) or country(ies) visited. I further understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, instability, inclement weather or other circumstances that could threaten my health or safety. I also understand that it is the policy of the Released Parties not to pay ransom or make any other payments to secure the release of hostages.

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

Release and Waiver. In consideration of and in order to be allowed to participate in the Activities, I, the Volunteer, 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 personal injury, bodily injury, illness, property damage, loss or death, 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.

I understand and acknowledge that by signing this Release I knowingly assume the risk of injury, harm, damage and loss 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.

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 construction work, I understand that using power tools, excavation, demolition,

¹ Each Habitat for Humanity affiliate is an independently owned and operated non-profit corporation. Habitat for Humanity International, Inc. does not own, operate, or control the activities of Habitat for Humanity affiliated organizations.

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, 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: _____

Address: _____

Phone: (H) _____ (C) _____

Date of Birth: _____

Email: _____

Witness: Name (please print): _____

Signature: _____

EMERGENCY CONTACT INFORMATION FOR VOLUNTEER OVER 18 YEARS OF AGE:	
Name: _____	Relationship: _____
Address: _____	
Phone: (H) _____	(C) _____
(W) _____	
Email: _____	