



BUILD VOLUNTEER APPLICATION FORM

Please return completed form to:
Habitat for Humanity Mid-Vancouver Island
#1 – 4128 Mostar Road
Nanaimo, BC V9T 6C9
Phone: 250-758-8078 Fax: 250-758-8096

PLEASE PRINT CLEARLY

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ Postal code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Availability: (Please check boxes below)

Mon. Tues. Wed. Thurs. Fri. Sat. Anytime

Which location would you like to volunteer at? Nanaimo Duncan Other _____

First Aid Certification: Level _____ Physical capabilities: Light Medium Heavy

Age: (If under 19) _____ Medical Concerns: _____

Do you have steel-toed workboots? Yes No If no, what is your shoe size? _____

Are you from a Corporate Sponsor Group: Yes No

If Yes, Company Name: _____

Your Signature: _____ Date: _____

Are you interested in volunteering for demolition/salvage projects? Yes No

Would you like to be contacted about Habitat Mid-Vancouver Island ReStore Volunteer Opportunities? Yes No

Please check box if you **DO NOT** want to receive Habitat Mid-Vancouver Island's quarterly newsletter.

IN CASE OF EMERGENCY CALL:

Name: _____ Relationship: _____

Address: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

The above information is collected by Habitat Mid-Vancouver Island under the Personal Information and Protection Act (PIPA) Bill 38. The information will be held confidential.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS AGREEMENT (the "RELEASE AGREEMENT")
BY SIGNING THIS DOCUMENT YOU WAIVE CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO
SUE OR CLAIM COMPENSATION. PLEASE READ CAREFULLY!

A. BACKGROUND

The undersigned Volunteer wishes to assist Habitat for Humanity Mid-Vancouver Island ("HFHMVI") by participating in any or all of the following activities or projects:

- (a) the building or construction of houses;
- (b) the demolition of houses; or
- (c) the ReStore.

Name of Volunteer (the "Volunteer"): (Please print) _____

Address: _____ City: _____

Province: _____ Postal Code: _____

The Volunteer is over the age of 19 (mark with "x") Yes No (if "No", please complete below)

Where the Volunteer is under 19 years of age (please complete):

Date of Birth of Minor: Month _____ Day _____ Year _____

Name of Parent/Guardian signing this release agreement: (Please print) _____

Address: _____ City: _____

Province: _____ Postal Code: _____

B. BY SIGNING BELOW THE VOLUNTEER AGREES, WARRANTS AND COVENANTS WITH HFHMVI AS FOLLOWS:

1. Assumption of Risks

In consideration of being permitted to volunteer for HFHMVI, the undersigned Volunteer does hereby acknowledge, appreciate, and agree that:

I have been made aware and understand that while participating as a volunteer for HFHMVI there are certain risks, dangers and hazards (the "Risks"). I also understand that the Risks include the potential for loss, damage, expense, serious bodily injury, disability, or death. I further understand and acknowledge that no amount of caution, experience and instruction can eliminate all of the Risks involved and I freely accept and fully assume all such Risks. The Risks include, but are not limited to, the following:

- (a) falling from ladders or scaffolding;
- (b) objects falling onto the Volunteer;
- (c) moving objects colliding with the Volunteer including but not limited to automobiles, heavy equipment, forklifts, and other moving objects on a construction site;
- (d) slips, trips, and falls, due to debris, uneven walking surfaces, holes in the ground or floor, stairways, and improperly placed equipment;
- (e) hearing impairment as a consequence of noise;
- (f) injury to blood vessels, nerves, and joints triggered by prolonged use of vibrating power tools and ground working equipment;
- (g) injury from manually lifting and handling tools, materials, and equipment;
- (h) collapsing ground, holes, or trenches resulting in physical injury and even burial;
- (i) respiratory disease from inhaling airborne fibers and materials including asbestos;
- (j) electric shock and electrocution;
- (k) cuts, bruises, scrapes, punctures, and impalement;
- (l) broken bones;
- (m) unstable structures nearby, such as buildings, falling onto the Volunteer;
- (n) exposure to hazardous atmospheres from noxious gases or lack of oxygen;
- (o) injury by mishandled or poorly placed materials;
- (p) exposure to toxic, irritating, flammable liquids and solvents;

- (q) injury from exploding gases
- (r) blocked access to egress routes;
- (s) injury because of inadequate project barricades or workplace delineation
- (t) injury because of Volunteer's failure to use personal protective equipment;
- (u) repetitive motion and repetitive strain injuries;
- (v) being crushed by heavy equipment or other heavy objects;
- (w) fatality; and
- (x) negligence on the part of one or more of the Releasees referred to below, including the failure of one or more of the Releasees to take reasonable steps to safeguard or protect me from the Risks,

whether any of these Risks are known or unknown, foreseen or unforeseen, contemplated or not contemplated, obvious or hidden or occur through an act or omission.

2. Other Agreements

I understand, acknowledge to and agree with HFHMVI that:

- (a) I will not receive any remuneration for volunteering for HFHMVI;
- (b) HFHMVI retains all right, title, and interest in and to and all photographic images, video, and audio recordings relating to or concerning any one or more of the projects or activities of HFHMVI (the "Media") and I hereby consent to the use of my image or voice in any such Media;
- (b) HFHMVI does not guarantee my safety while volunteering at any of the projects or activities of HFHMVI; and
- (c) HFHMVI may limit or prohibit my participation in any one or more of the projects or activities of HFHMVI as HFHMVI shall in its sole discretion decide.

3. Release of Liability

I, for myself and on behalf of my next of kin, heirs, assigns, executors, administrators, and personal representatives HEREBY RELEASE, HOLD HARMLESS AND WAIVE ANY AND ALL CLAIMS that I have or may have against HFHMVI, its directors, officers, employees and agents (collectively called the "Releasees) WITH RESPECT TO ANY AND ALL LIABILITY, to the fullest extent permitted by law, for any loss, damage, expense, bodily injury or death, that I may suffer while volunteering for HFHMVI howsoever caused including without limitation negligence, breach of contract, or breach of any statutory or other duty of care on the part of one or more of the Releasees.

4. Indemnity by Parents/Guardians of Minors

If I am signing this Release Agreement for a minor that wishes to volunteer with HFHMVI, I hereby agree that in the event the minor threatens to or does bring a claim against or sues any one or more of the Releasees alleging loss or damage, howsoever caused, I agree to save harmless and indemnify the Releasees of and from any loss, damage, expense, damages or legal costs incurred by or awarded against any one or more of the Releasees.

5. General

- (a) If any provision of this Release Agreement shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Release Agreement and shall not affect the validity and enforceability of any remaining provisions.
- (b) The captions and headings contained in this Release Agreement are for convenience only and do not define or in any way limit the scope or intent of this Release Agreement.
- (c) This Release Agreement shall be governed by and interpreted in accordance with the laws of the Province of British Columbia; and
- (d) Any litigation involving the parties to this Release Agreement shall be brought within the Province of British Columbia

I have read this Release Agreement. I fully understand it and I agree to be bound by its terms. I understand that I have given up substantial rights by signing the Release Agreement, and I sign it freely and voluntarily.

This Release Agreement is signed this _____ day of _____, 20_____.

Signature of Volunteer: _____

Witness Name: _____ Signature of Witness: _____

If the volunteer is under 19 years of age:

Signature of Parent/Guardian: _____

Witness Name: _____ Signature of Witness: _____