



VOLUNTEER APPLICATION FORM

Return completed form to:
Habitat for Humanity Mid-Vancouver Island Society
Email: Volunteercoordinator@habitatmvi.org
1 – 4128 Mostar Rd, Nanaimo, BC V9T 6C9
Tel.: 250-758-8078 or
Duncan ReStore, tel. 778-455-1888
251 Government Street, Duncan, BC V9L 1A6

Please print clearly

Name: _____	Date of Application _____
Address: _____	
City: _____ Postal Code: _____	
Telephone Numbers: Home: _____ Work: _____	Email: _____ Cell Phone: _____
How did you hear about us? _____	
Are you from a Corporate Sponsor Group? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Company Name: _____	
Availability:	
Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> Anytime <input type="checkbox"/>	
First Aid Certification: Level _____ Physical Capabilities: light <input type="checkbox"/> medium <input type="checkbox"/> heavy <input type="checkbox"/>	
Age: (If under 19) _____ Medical Concerns: _____	
Do you have steel-toed work boots? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, what is your shoe size? _____	
Please check which volunteer opportunities you would prefer:	
<input type="checkbox"/> Building Site: Do you have any trade experience: Contractor/Tradesperson <input type="checkbox"/> Some/considerable skill <input type="checkbox"/> Willing <input type="checkbox"/> Please list experience: _____ Are you interested in volunteering for demolition/salvage projects? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> ReStore: What area are you interested in or have experience with: Cashier/Sales <input type="checkbox"/> Receiving/Swamping <input type="checkbox"/> Floor Merchandiser <input type="checkbox"/> Warehouse <input type="checkbox"/>	
<input type="checkbox"/> Other: Administration <input type="checkbox"/> Other skills you wish to share <input type="checkbox"/> Please list: _____	
Please check box if you DO NOT want to receive Habitat Mid-Vancouver Island's quarterly newsletter. <input type="checkbox"/>	
Signature _____	Date _____
IN CASE OF EMERGENCY CALL:	
Name _____	Relationship _____
Address _____	Telephone # _____
The above information is collected by HFHMVI under the Personal Information and Protection Act (PIPA) Bill 38. The information will be held confidential.	

For Office Use Only

Date received in Office: _____
Date Entered in Database: _____
Contact Made/Email sent: _____
Orientation Completed: _____

RELEASE AND WAIVER OF LIABILITY

THIS RELEASE AND WAIVER OF LIABILITY (the "Release") signed on _____
Today's Date

denotes that _____ (the "VOLUNTEER") in favour of
Print Name

Habitat for Humanity Mid-Vancouver Island Society hereinafter referred to as HFHMVI, agrees to the following statements:

The VOLUNTEER desires to participate in HFHMVI build projects. The VOLUNTEER understands that the activities may include but are not limited to the following:

- On-site building
- Travel to and from the build projects (VOLUNTEERS using their own personal vehicle to and from the HFHMVI build site do so at their own risk. It is the responsibility of the VOLUNTEER to ensure that there is adequate vehicle insurance coverage.)
- Other activities related to a HFHMVI project (i.e. promotions, entertainment, etc.)

The VOLUNTEER hereby freely, voluntarily, and without duress executes this release under the following terms:

1. WAIVER AND RELEASE: The VOLUNTEER does hereby release and forever discharge and hold harmless HFHMVI and its successors and assigns from any and all liability, claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the VOLUNTEER'S participation in HFHMVI's projects.

2. The VOLUNTEER understands that this release discharges HFHMVI from any liability or claim that the VOLUNTEER may have against HFHMVI with respect to any bodily injury, personal injury, illness, death or property damage that may result from the VOLUNTEER'S participation in HFHMVI's projects. The VOLUNTEER also understands that HFHMVI does not assume responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health or disability insurance.

3. MEDICAL TREATMENT: The VOLUNTEER does hereby release and forever discharge HFHMVI from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the VOLUNTEER'S participation in HFHMVI projects. The VOLUNTEER understands that they are responsible for securing appropriate medical insurance coverage.

4. ASSUMPTION OF RISK: The VOLUNTEER understands that participating as a HFHMVI volunteer may include activities hazardous to the VOLUNTEER and that food, accommodations, and medical facilities may be donated to HFHMVI and beyond the control of HFHMVI.

5. The VOLUNTEER hereby expressly and specifically assumes the risk or harm in their activities and releases HFHMVI from all liability from injury, illness, death or property damage resulting from the activities of the VOLUNTEER'S participation in HFHMVI projects.

6. HFHMVI retains the right to limit or prohibit participation of the VOLUNTEER in the activities of HFHMVI projects. If HFHMVI determines that such participation will not be in the best interests of HFHMVI or the VOLUNTEER, the VOLUNTEER understands that they will be responsible for the payment of any expenses incurred as a result of application of this section.

7. PHOTOGRAPHIC RELEASES: The VOLUNTEER does hereby grant and convey unto HFHMVI all right, title and interest in any and all photographic images and video and audio recordings made of HFHMVI projects.

8. OTHER: The VOLUNTEER expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of Canada and that this release shall be governed by and be interpreted in accordance with the laws of Canada. The VOLUNTEER agrees that in the event that any clause or provision of this Release shall be deemed invalid by any court of competent jurisdiction, the invalidity of such a clause or provision shall not otherwise affect the remaining provision of this Release which shall continue to be enforceable.

THIS MEANS THAT YOU DO NOT HAVE INSURANCE COVERAGE.

In WITNESS WHEREOF, the volunteer has executed this Release as of the day and year first above written:

Print Name Signature Date

Parent/Legal Guardian MUST be present to sign below if volunteer is under 19 years of age: (Build Volunteers must be 16 years or older)

Print Name (Parent/Legal Guardian) Signature Date

Print Name of HFHMVI Representative - Witness Signature Date