



VOLUNTEER REGISTRATION FORM

This form is for use by adults age 18 and over. A separate form for minors under age 18 must be completed by the parent or guardian of the minor.

DATE: / /

I am a KOKUA VOLUNTEER to offer sweat equity support for: _____
(print homebuyer name above)

Please fill out both sides of this form completely and legibly. Registration is updated annually.
** All volunteers are subject to background screening. See reverse for details. **

GENERAL INFORMATION

FIRST NAME:	M.I.:	LAST NAME:	Phone (cell): ()
MAILING ADDRESS:			Phone (home): ()
CITY, STATE, ZIP CODE/POSTAL CODE:			BIRTHDATE (MM/DD/YY): Over 18? ___/___/___ Y / N
COUNTRY, if not U.S.A.:	EMAIL ADDRESS:		MILITARY AFFILIATION: <input type="checkbox"/> Veteran <input type="checkbox"/> Active Duty

*COMMUNICATION INFORMATION – GET SOCIAL WITH US!

FACEBOOK USERNAME:	TWITTER HANDLE:	INSTAGRAM USERNAME:
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**We may feature your photo in our feeds, and we'll keep you updated on our activities, including volunteer opportunities and other ways to support our organization. Carefully review attached waiver for detailed information.*

VOLUNTEER INFORMATION

EXPERIENCE: I have previously volunteered at a Habitat for Humanity project. Location/affiliate: _____

INTERESTS: I am interested in: Construction ReStore Office work Committees Events

My skills are: _____

I'm interested in hearing about future volunteer opportunities

GROUP STATUS: Individual Volunteer
 In a Group Group name: **EPISCOPAL CHURCHES (KAUAI)** CHURCH: _____

MILITARY AFFILIATION: Active Duty Veteran Reserves Other: _____

DISABILITIES OR PHYSICAL RESTRICTIONS/CONCERNS: _____

EMPLOYER MATCHING GIFT PROGRAM INFORMATION

My employer makes donations based on my: VOLUNTEER WORK MONETARY CONTRIBUTIONS TO NON-PROFITS

EMPLOYER NAME: _____ EMPLOYER ADDRESS: _____

EMERGENCY INFORMATION

EMERGENCY CONTACT NAME:	RELATIONSHIP:
PHYSICAL ADDRESS:	PHONE (cell/home): ()

THE INFORMATION REQUESTED BELOW MAY BE NEEDED BY A MEDICAL PRACTITIONER NOT HAVING ACCESS TO YOUR MEDICAL HISTORY. PLEASE FILL OUT AS COMPLETELY AS POSSIBLE.

NAME OF MEDICAL INSURANCE:	ALLERGIES (food, medicine, etc.):
TETANUS SHOT IN THE LAST 10 YEARS?: <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER COMMENTS, CONCERNS:

*****PLEASE COMPLETE RELEASE AND WAIVER OF LIABILITY ON REVERSE SIDE*****

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") executed on this ____ day of _____, 20____, by _____ (the "Volunteer") in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Kauai Habitat for Humanity, Inc., a Hawaii nonprofit corporation, their directors, officers, employees, volunteers, and agents (collectively, "Habitat").

The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, representing Habitat at community events or fundraisers, and living in shared housing provided for volunteers of Habitat.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

RELEASE AND WAIVER. Volunteer does hereby release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's participation in Habitat's homebuilding program, special events/fundraisers, and other related activities.

Volunteer also understands that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's participation in Habitat's homebuilding program, special events/fundraisers, and other related activities. Volunteer also understands that Habitat does 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 or illness.

MEDICAL TREATMENT. Volunteer does hereby release and forever discharge Habitat 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 Habitat's homebuilding program, special events/fundraisers, and other related activities.

ASSUMPTION OF THE RISK. The Volunteer understands that participation in Habitat's homebuilding program, special events/fundraisers, and other related activities may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

BACKGROUND SCREENING: The Volunteer does hereby consent to criminal background screening, performed by the affiliate. Criminal conviction does not automatically disqualify volunteer from participation with Kauai Habitat.

INSURANCE. The Volunteer understands that, except as otherwise agreed to by Habitat in writing; Habitat does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

PHOTOGRAPHIC RELEASE. Volunteer does hereby grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

OTHER. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Hawaii, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Hawaii. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Signature

Date

Witness Signature

Date

Volunteer Name (please print)

Witness Name (please print)