

Tri-County Partners Habitat for Humanity

Court Ordered Community Service Volunteer Application

Thank you for your interest in Tri-County Partners Habitat for Humanity. The information you provide will help us place you in a volunteer position which best suits your interests and skills, as well as the needs of our affiliate. Please note that due to insurance restrictions, we cannot accept volunteers under the age of 18. Information provided here is confidential and for our records only.

CONTACT INFORMATION:

Last Name: _____ First Name: _____

Middle Name: _____ Date of Birth (mm/dd/yyyy): _____

Street Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Other Telephone: _____

E-Mail Address: _____

Offense(s) Committed: Theft Assault Other

For our records, please list your offense(s) including the number of service hours required for each:

SKILLS & INTERESTS:

To assist us in identifying individuals for specific tasks as they come available, please indicate any special skills and/or interests you have when working on the construction site or in the retail store:

AVAILABILITY:

Are you interested in volunteering on a consistent basis? yes no

Please indicate your preferred days/times to volunteer below:

Monday	Tuesday			Friday	Saturday
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Tri-County Partners Habitat for Humanity

Community Service Acknowledgement

I, _____, having been required by law to complete community service do hereby acknowledge that I have received a copy of, read and understand Habitat for Humanity's Court Ordered Community Service Volunteers Guidelines. I also affirm that I will abide by the Habitat community service guidelines and give Tri-County Partners Habitat for Humanity permission to contact my Court Representative, Group Leader, or Parole Officer if necessary.

For our records, please complete the following regarding your offense and the hours to be served. This is for our records only and will be kept confidential.

Total number of community service hours assigned (including hours already completed): _____

Date assigned: _____ Date to be completed: _____

- List each organization that you have contacted/volunteered with prior to Habitat for Humanity in order to complete your service hours:

- Please provide a brief description of your service project goals:

Assigning Organization: _____

Contact Name (Court Representative/Group Leader/Parole Officer): _____

Title: _____

Contact Phone Number: _____

Volunteer Signature: _____

Date: _____

Tri-County Partners Habitat for Humanity

Court Ordered Community Service Volunteer Guidelines

Tri-County Partners Habitat for Humanity reserves the right to refuse volunteers for any reason. Volunteers under the age of 18 years old are not permitted on the construction sites. Volunteers seeking court ordered community service will be permitted to volunteer at the discretion of the Volunteer Coordinator. Court-ordered community service volunteers will be permitted to volunteer on a case by case basis depending on the nature of the offense and **will be subject to a background check**. Court-ordered volunteers are required to follow specific guidelines:

1. Volunteers will provide all paperwork for documentation.
 - Completed documentation will be available for pickup **NO EARLIER** than 1 week after completion of service hours.
2. Volunteers will arrive promptly for specified shift(s).
3. Volunteers will dress appropriately:
 - T-shirt with sleeves, sturdy shoes (**no** open-toed shoes), jeans/long pants (**no** pajama pants)
4. Volunteers will be polite and respectful of all employees, customers, and other volunteers.
5. Volunteers will return tools, clean-up their work areas, and take care to secure the work area (i.e. turn off water, lock doors, etc.).
6. Cell phone usage is not permitted.
7. Community Service Volunteers will complete all task requested of them.
8. Court-ordered volunteers will confirm each work shift a minimum 1 day prior with the Volunteer Coordinator (by calling 509.943.5555) or risk being sent home.
9. Volunteers will **CHECK-IN** and **CHECK-OUT** with Habitat Staff member (Volunteer Coordinator, Site Manager, or Store Manager) **for each shift worked** at the risk of forfeiting volunteer hours.

Habitat for Humanity reserves the right to terminate the relationship with any volunteer if the Habitat for Humanity volunteer guidelines are not followed. If the relationship is severed, the volunteer will need to find another agency to fulfill the remainder of their community service hours.

Volunteer Signature: _____

Date: _____



Release & Liability Waiver

This is a legal document. If you do not understand any of the words or language of this document, please contact the Volunteer Coordinator for clarification. **ALL volunteers must sign this waiver before working, and annually thereafter.**

There are inherent health and safety risks involved with residential construction. We promote safe and healthy work habits through our jobsite Health & Safety Plan and oversight by construction supervisors; however, what is safe and healthy for one person under certain circumstances may not be safe nor healthy for you under different circumstances. Do not conduct a work task unless you are certain that you can conduct the task safely. Do not volunteer if you feel your health is at risk, or if you cannot commit to follow the Health & Safety Plan.

I, **(please print full name)** _____, the Volunteer, hereby freely, voluntarily and without duress execute this release under the following terms:

I, for myself and on behalf of my heirs, successors, and representatives, do hereby knowingly and voluntarily waive any and all claims against Tri County Partners Habitat for Humanity and HFHI, its officers, directors, employees, agents and volunteers for any illness, bodily or personal injury, including death, property damage, and/or economic or non-economic losses which I may suffer arising from the performance of construction and related activities for, on behalf of or in partnership with Tri-County Partners Habitat for Humanity and HFHI.

I understand that my activities may include work that may be hazardous to me, including, but not limited to the following: typical construction activities such as working at heights, use of power tools & electrical equipment, working in excavations, slips/trips/falls, lifting heavy loads; travel between worksites; exposure to illness, and exposure to hazardous substances/materials (i.e. caulk, solvents, paint, etc.).

I understand and acknowledge that by this release I knowingly assume the risk of illness and injury, harm and loss associated with the activities. I release the released parties from all liability for harm and loss cost, expense, injury, illness, death, or property damage resulting directly or indirectly from the activities.

Are there any limitations (medical or otherwise) that would restrict you from performing general construction tasks that might be assigned?

No **Yes** please list, as appropriate: _____

Photo Release: I hereby grant and convey unto Tri County Partners Habitat for Humanity and HFHI all rights, titles, 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.

Insurance: I understand that, except as otherwise agreed by Tri County Partners Habitat for Humanity and HFHI in writing, the Affiliate 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 disability and health insurance coverage. The volunteer's disability and health insurance is primary to any coverage that may be obtained by Habitat or HFHI.

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.

Other: I expressly agree that this release is intended to be as broad and inclusive as permitted by the State of Washington, and that this release shall be held to be valid in any court with jurisdiction. The invalidity of such clause or provision shall not otherwise affect the remaining provisions of the release which shall continue to be enforced. I represent that I am duly authorized to execute and deliver this waiver for myself or for the above-mentioned minor. I understand the effect of this waiver and recognize my right to seek legal counsel before signing.

Volunteer Signature: _____ **Date:** _____

Emergency Contact Name: _____ **Contact Phone:** (_____) _____

Medical Disclosure

I hereby certify that I do not have any injuries, disabilities, or physical limitations that would impair my abilities while performing my job at the Habitat Home Supply Store or at the Habitat construction site.

I have listed below any previous injuries, disabilities, or physical limitations that would restrict me from performing the daily tasks asked of me. I have also notified a staff person of these injuries, disabilities, or physical limitations.

Please list and explain:

Volunteer's Signature: _____

Parent/Guardian's Name (PRINT): _____

Parent/Guardian's Signature: _____

EMERGENCY CONTACT: _____

Phone: _____

Relationship: _____

Habitat Staff Person Signature _____

Date: _____

Tri-County Partners Habitat for Humanity

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Court-ordered volunteers are required to follow specific guidelines:

1. Volunteers will provide all paperwork for documentation.
 - Completed documentation will be available for pickup **NO EARLIER** than 1 week after completion of service hours.
2. Volunteers will arrive promptly for specified shift(s).
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VOLUNTEER COPY

Volunteer Signature: _____

Date: _____

