



Volunteer Waiver and Information

Name: _____ Date: _____
(please print)

Home Address: _____ City/State/Zip: _____

Telephone: (H) _____ (W) _____ (C) _____

E-mail: _____

ReStore volunteer position ability: Cashier _____ Warehouse _____ Truck _____ Office _____

Specific Reasons for Volunteering: Habitat Family _____ Community Service _____ School _____

[please check]

How You Heard of Us: _____

[please list]

Waiver and Release: I understand that participation in activities relating to working in the warehouse and picking up donations involves potential hazards, and on behalf of me, my heirs, executor, administrator, and any minor volunteering with me, I hereby release Portland Habitat for Humanity, Evergreen Habitat for Humanity, Willamette West Habitat for Humanity, and Mt. Hood Habitat for Humanity and its staff, representatives, board members and volunteers from any claims, demands, injuries, damages or actions arising from my participation in such activities, whether or not caused by my negligence or the negligence of any of the Habitat for Humanity affiliates listed above or any other party. (Party or guardian must sign for all persons under 18 years of age).

In Case of an Emergency

Please contact: _____ Relationship: _____

Phone number (Home): _____ (Work): _____

For Youth Volunteers *: * Volunteers under 18 years old need to have Waiver Form signed by their legal guardian before working at any Habitat for Humanity site.

In case that my child needs medical treatment while participating with a Habitat for Humanity ReStore project, I hereby give Habitat for Humanity ReStore permission to consent to medical services for my child.

Second person to contact: _____ Relationship: _____

Phone number: (Home) _____ (Work) _____

Photo Release Waiver

Portland Habitat for Humanity **has permission** to use my picture outside of the agency.

Portland Habitat for Humanity **does not have permission** to use my picture outside of the agency.

Volunteer Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Name: _____ Date: _____

(please print)

I have read and agree to the guidelines given to me by the ReStore _____