



VOLUNTEER RESPONSE FORM (PRINT CLEARLY)

Name		Date ____/____/____	
Address		Birthday ____/____/____	
City		State	Zip
Phone (home)	Phone (cell)	Email	
Group Name		Address of Volunteer Site	

AGE GROUP 14-15 16-17 YEARS OF AGE 18+ YEARS OF AGE

Your Waiver of Liability *

I understand that Habitat for Humanity of Pinellas County, Inc., a contractor, cannot be held liable for any injuries or illness that I may suffer during my volunteer work. "I expressly waive any such claim for compensation or liability on the part of Habitat for Humanity International, Inc. or Habitat for Humanity of Pinellas County, Inc. and board members individually, beyond what may be offered freely by the representative of Habitat for Humanity of Pinellas County, Inc., in the event of such injury or medical expense".

Authorization for Medical Treatment*

In the event an emergency should arise, and I should need emergency medical treatment or hospitalization, permission is granted to the leaders of Habitat for Humanity of Pinellas County, Inc. to grant authorization for necessary care. List any medications being taken _____

Any known allergies to drugs, plants, stings, etc. please list _____

Volunteer Screening

Have you ever been convicted of:

any crime against children?	_____ yes _____ no
any crime involving fighting or violence?	_____ yes _____ no
the sale of illegal drugs?	_____ yes _____ no
any crime involving stealing or theft?	_____ yes _____ no
are you on any sex offender list?	_____ yes _____ no

If you have answered yes to any above questions, please contact the Volunteer Manager at (727-536-4755) before you participate in any Habitat for Humanity activity.

Photographic release*

I grant and convey unto Habitat for Humanity of Pinellas County, Inc. all right, title and interest in any and all photographic images and video or audio recordings made by Pinellas Habitat for Humanity, Inc. during my volunteer activities.

Signatures (Not valid unless signed)

***To express my understanding of this release and waiver, I sign here:**

Signature* _____ Date _____

Emergency Contact/Relationship _____ Phone _____

***For a minor, this release and waiver must be signed by a parent or guardian.**

Parent or Guardian Signature: _____ Date: _____

Please Print Name: _____

