

Jimmy and Rosalynn Carter Work Project 2009

November 16-20

Local Volunteer Application for _____ Build Site

1. Please read and answer each question thoroughly.
2. Carefully read the "Release and Waiver of Liability." It must be signed and witnessed. Failure to provide a completed Release and Waiver form will result in your application being declined.

If you have any questions, please contact _____ at _____.

**Required Information*

General Information

Please print your name as it appears on your passport.

Date: / /

Name: *First/Given _____ **Middle** _____ ***Last/Family** _____

*Preferred First/Given Name: _____ (For Nametag)

Current Mailing Address:

*Address 1 _____ Address 2 _____

*City: _____ *State/Province: _____ *Postal Code: _____

*Country: _____ Address Type: Home Work

Phone Number: Home _____ Work _____ Cell _____ Fax _____

*E-mail Address _____

Occupation: _____ *Date of Birth: _____ (Your application may be returned without this information.
Applicants must be 18 years of age or older)

*Gender: F M Tee Shirt Size: _____ (sm, md, lg, xl, or xxl)

I am attending with a companion or group: Yes No Companion's Name: _____

Group Name: _____

I am a vegetarian: Yes No

Skills Assessment

Please check only one: (Please give your best self-evaluation)

Very Experienced – A professional or former professional builder, current or former Habitat site supervisor, or have past Carter Project block/house leader experience and have supervised all aspects of residential house construction by skilled and unskilled volunteers and homeowners in a blitz build environment.

Experienced – A professional or former professional builder or have extensive house construction experience.

Handy – an accomplished do-it-yourselfer or have extensive Habitat experience.

Unskilled – No specific skill, but willing to learn.

Area of Skill (Check all that apply.)

General Contractor Masonry Plumbing Painting Electrical Roofing Landscaping

I will participate*:

Full Week Monday, Nov. 16 Tuesday, Nov. 17 Wednesday, Nov. 18 Thursday, Nov. 19

Friday, Nov. 20

* Please indicate your choice of day(s); registration per day is limited but we will try to accommodate your preferences.

Current or Past Involvement

(Please describe your experience with Habitat for Humanity and/or your experience as a builder.)

JCWP **Date and Location:** _____

Global Village Team **Date and Location:** _____

Campus Chapters **Date and Location:** _____

Local Affiliate **Date and Location:** _____

Other **Date and Location:** _____

How would you like to serve? (Please note: Habitat will determine final placement.)

House Leader – I have experience as a house leader at _____

Crew Leader – I have experience as a crew leader at _____

Crew Member – I would like to assist on a building crew.

Support Services – I would specifically like to be a part of the service team for:

Food Security Transportation Registration Medical Other, explain: _____

Translator/Interpreter - Languages you speak fluently: _____

Emergency Contact Information

In case of emergency, please contact:

*Name: _____ Relationship: _____

Address: _____ City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone *Day: () _____ Night: () _____

In case of emergency, a hospital or medical practitioner not having access to your medical history may need the following information:

List physical limitations, handicaps, allergies, etc: _____

Current Medications: _____

Date of last tetanus shot: _____

Other: _____

Personal Physician

Name _____

Address: _____ City: _____ State/Province: _____

Postal Code: _____ Country: _____

Phone Day: () _____ **Night:** () _____

Personal Health Insurance Coverage

Company _____ Insurance Agent _____

Agent's Phone: () _____

Jimmy and Rosalynn Carter Work Project 2009 Release and Waiver of Liability
PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!

This Release and Waiver of Liability (the "Release") is executed in favor of HABILITAT FOR HUMANITY INTERNATIONAL, INC., a nonprofit corporation organized and existing under the laws of the State of Georgia, and its directors, officers, employees, affiliates and agents (collectively, "Habitat").

I (the "Volunteer"), desire to work as a volunteer for Habitat and engage in the activities related to being a volunteer for the Jimmy and Rosalynn Carter Work Project (the "Project"). I understand that the activities may include constructing and rehabilitating residential buildings, working in Habitat offices, living in housing provided for volunteers of Habitat, and any and all other activity related to the Project (the "Activities").

I hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **Release and Waiver.** I, the Volunteer, 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 my work for Habitat and/or participation in the Project and/or engagement in the Activities.

I understand and acknowledge that this Release discharges Habitat from any liability or claim that I may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation in the Project and/or engagement in the Activities, whether caused by the negligence of Habitat or its officers, directors, employees, agents or otherwise. I also understand 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, illness, death or property damage (see insurance requirements below).

2. **Insurance.** I understand 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.
3. **Medical Treatment.** I 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 an emergency during my time with Habitat, my participation in the Project and/or engagement in the Activities.
4. **Mold Exposure.** I understand that I may be exposed to mold through participation in the Project and/or engagement in the Activities. **Mold exposure for extended periods of time can cause illness or other bodily injury. I assume the risk to protect myself by wearing appropriate equipment. I hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any exposure to mold.**

If I have asthma, a respiratory infection, or other respiratory condition or an allergy to mold, I agree to notify a Habitat official immediately and not participate in the Project and/or engage in the Activities.

5. **Assumption of the Risk.** I understand that the Project and Activities include work that may be hazardous to me, including, but not limited to, construction, loading and unloading of heavy equipment and materials, and transportation to and from work sites.

I hereby expressly and specifically assume the risk of injury or harm in my participation in the Project and/or engagement in the Activities and release Habitat from all liability for injury, illness, death, or property damage resulting from my participation in the Project and/or engagement in the Activities.

6. **Photographic Release.** I 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 my participation in the Project and/or my engagement in the Activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
7. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree 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.

To express my understanding of this release, I sign here with a witness.

Volunteer: Name: (please print) _____

Signature _____ Date _____

Witness: Name: (please print) _____

Signature _____ Date _____