



3071 118th Avenue North
 St. Petersburg, FL 33716
 Office 727-536-4755
 FAX 727-209-2191
 Store 727-209-2199
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 www.phfh.org

VOLUNTEER RESPONSE FORM (PRINT CLEARLY)

Name		Date	___/___/___
Address		Birthday	
City		State	Zip
Phone (H)	Phone (W)	Phone (cell)	
FAX	Email		

Age Group 14-15 years of age 16-17 years of age 18-55 years of age 55+ years of age

Group information (Optional)

Group Name _____ I am the primary contact for this group

Volunteer Task Preferences

- Availability:** Mon Tues Weds Thurs Fri Sat Mornings Afternoons
- | | | |
|---|--|---|
| <input type="checkbox"/> Working at a jobsite | <input type="checkbox"/> Office Volunteer | <input type="checkbox"/> "Women Build" |
| <input type="checkbox"/> Community Events Volunteer | <input type="checkbox"/> Site Selection Committee | <input type="checkbox"/> Building Committee |
| <input type="checkbox"/> Family Selection Committee | <input type="checkbox"/> Special Events Committee | <input type="checkbox"/> Youth United |
| <input type="checkbox"/> Family Support Committee | <input type="checkbox"/> Faith Relations Committee | <input type="checkbox"/> Habitat Outlet Store |

Skills Assessment (please mark your skill level for the following construction jobs)

	Highly skilled	I can do this	Inexperienced	I prefer NOT to do this
Concrete footers, slab, driveways				
Masonry (concrete block)				
ICF Installation				
Framing				
Roofing				
Door and Window Installation				
Siding, soffit, fascia				
Porches				
Painting				
Ceramic Tile Installation				
Interior Trim				
Cabinet Construction				
Cabinet Installation				
Supervise 5 -6 people				
Lead Construction of Entire House				

Please fill out the back side

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 _____

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: _____

FOR OFFICE USE ONLY

Card issued by: _____	Date: __ / __ / ____
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