



VOLUNTEER APPLICATION

FISCAL YEAR 2023

PLEASE PRINT CLEARLY

NAME: []
STREET ADDRESS: []
CITY, STATE, ZIP: []
TELEPHONE NUMBER: []
EMAIL: []
DATE OF BIRTH: []

EMERGENCY CONTACT INFORMATION:

NAME AND RELATIONSHIP: []
TELEPHONE NUMBER: []

VOLUNTEER OPPORTUNITIES

- HOUSE CONSTRUCTION
OFFICE SUPPORT/SPECIAL PROJECTS
HABITAT RESTORE
COMMITTEE SERVICE

AVAILABILITY

Best days of the week and times you are available:

[]
[]

SPECIFIC SKILLS, EXPERIENCE, EDUCATION

Skills such as construction, clerical, computer, retail, customer service, public services, fundraising, public relations, administrative, leadership, mentoring, etc.

[]
[]

AFFILIATIONS

BUSINESS, CONGREGATION, ORGANIZATION, ETC. IF APPLICABLE []

ARE YOU COMPLETING SERVICE HOURS FOR SCHOOL/ORGANIZATION? YES [] NO []

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HOW DID YOU HEAR ABOUT US?

[Redacted]

DO YOU WANT TO BE INCLUDED ON OUR MAILING LIST FOR NOTICES OF GROUNDBREAKING & DEDICATION CEREMONIES, SPECIAL EVENTS, ETC.?

YES

NO

DO YOU WANT TO RECEIVE ELECTRONIC NEWSLETTERS AND NOTICES OF VOLUNTEER OPPORTUNITIES BY E-MAIL?

YES

NO

PHOTO RELEASE

The Volunteer does hereby grant and convey unto Habitat for Humanity of Greater Volusia County, Inc. ("HFH of Greater Volusia County") and Habitat for Humanity International, Inc. ("HFHI") all rights, title, and interest in any and all photographic images and video or audio recordings made by HFH of Greater Volusia County during the Volunteer's Activities, including, but not limited to, any royalties, proceeds, or other benefit derived from such photographs or recordings.

Initials _____

RELEASE AND WAIVER OF LIABILITY

The Volunteer desires to work as a volunteer for HFH of Greater Volusia County, Inc. and HFHI and engage in the activities related to being a Volunteer (the "Activities"). The Volunteer understands that the Activities may include, but are not limited to, constructing and rehabilitating residential buildings, working in the Habitat office, working in the ReStore, and working offsite at special events.

The Volunteer does hereby release HFH of Greater Volusia County and HFHI from any liability or claim that the Volunteer may have against HFH of Greater Volusia County with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with HFH of Greater Volusia County. The Volunteer releases HFH of Greater Volusia County and HFHI from any claim whatsoever which arises on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with HFH of Greater Volusia County.

Printed Name: _____

Signature: _____

Date: _____

PLEASE RETURN COMPLETED FORM TO:
HFH of Greater Volusia County, Inc.
Attn: Volunteer Coordinator
1030 W. International Speedway Blvd., 2nd Floor
Daytona Beach, FL 32114
Phone: (386) 257-9950 / Fax: (386) 257-4980