



Habitat for Humanity®

Leeward O'ahu

PO Box 498
Wai'anae, HI 96792
Office: (808) 696-7882
Fax: (808) 696-5633
www.leewardhabitat.org

VOLUNTEER INFORMATION

Name _____ Date _____

Mailing Address: _____

City: _____ State _____ Zip _____

Contact Phone _____ E-mail _____

Occupation _____ Employer _____

Affiliation (military, club, etc.) _____ Church _____

How did you find out about Leeward Habitat? _____

Have you previously worked on a Habitat Home? (Circle One) Yes No

If yes, please give date and location: _____

VOLUNTEER OPPORTUNITIES

Below are areas where we need help. Select areas where you can apply your skills, or you have an interest:

CONSTRUCTION

- Carpenter (rough)
- Carpenter (finish)
- Carpeting/Vinyl
- Concrete
- Electrical
- Gen Contractor
- Landscape
- Painting
- Plumbing
- Sheetrock
- Taping/Texturing
- Materials Procurement
- Saturday Greeter

ADMINISTRATIVE

- Bulk Mailing
- Computer Support
- Data Entry
- Desktop Publishing
- General Office
- Lunch Preparation (Saturday's)
- Webpage Maintenance
- Newsletter, write, edit
- Phone/Reception
- Photography
- Legal Consultation

COMMITTEE

- Construction
- Church and Community Relations
- Family Selection
- Family Support
- Site Selection
- Fundraising
- Public Relations
- Special Events
- Special Projects

Are you a skilled professional at any of your interests (please explain)? _____

Other talents you could offer? _____

AVAILABILITY

Days Available (please circle one): Monday Tuesday Wednesday Thursday Friday Saturday Sunday
How Many Hours a Month? _____

Enclosed is my donation to help families in need on O'ahu!



This release of Waiver and Liability (the "Release"), executed on this _____ day of _____, 200____, by _____ (the Volunteer) in favor of Habitat for Humanity Leeward O'ahu, Inc., a non-profit corporation ("Habitat"), it's directors, officers, employees, and agents. The above said person ("Volunteer") desires to participate and work in Habitat's Volunteer Pool, and the activities related to the work.

**The Volunteers must be 16 years old or older.

**The Volunteer does hereby freely, voluntarily and without duress execute this Release under the following terms:

****WAIVER AND RELEASE:** Volunteer does hereby release and forever discharge and hold harmless Habitat and it's successors and assigned from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arises or may hereafter arise from Volunteer's participation in Habitat's Volunteer program.

Volunteer understands that this Release discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to bodily injury, illness, death, or property damage that may result from Volunteer's participation in Habitat's Volunteer program. Volunteer also understands 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.

****MEDICAL TREATMENT:** Volunteer does hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or services rendered in connection with the Volunteer's participation in the Habitat's Volunteer program.

****INSURANCE:** The Volunteer understands that Habitat does not carry or maintain health, medical or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to arrive with medical and health insurance coverage in effect.

****OTHER:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Hawaii, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Hawaii. Volunteer agrees that in the event that any clause or provision of invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Release, which shall continue to be enforceable. Volunteer also agrees to allow Habit to use volunteers' image for promotional, advertisement and/or solicitation.

In witness whereof, volunteer has executed the release as of the day and year first written above.

Volunteer: _____ Date: _____

Witness: _____ Date: _____
(Habitat Staff Member)

Parent/Guardian (if volunteer is under 18 years of age) Date: _____

Emergency Contact _____ Phone Number: _____