



Today's Date: _____

Volunteer Application

Complete both sides and please PRINT legibly

Last Name: _____ First Name: _____ Middle Name/Initial: _____

Date of Birth: _____ Female Male Employer: _____

Street Address: _____ City, State: _____ Zip Code: _____

Phone: Cell: (____) _____ Home: (____) _____ Work: (____) _____

Email: _____

Are you a military veteran? Yes No

Type of volunteer work you are requesting (check all that apply): Store Construction
 Frequency desired (check one): Weekly Monthly Once Other (please specify) _____

Group Information: This section is only to be filled out by individuals registering as a member of a group or sponsor, such as a company, religious group, civic group or a group of friends (5 or more) who are requesting to work together.

Group Name: _____ Group Coordinator: _____

Have you ever been? <i>Please enter 'x' in appropriate column for each line</i>	Yes	No	N/A
A. Convicted of any crime against children or other persons (aggravated murder, first or second degree murder; first or second degree kidnapping; first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third rape of a child; first or second degree robbery, first degree arson; first degree Burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect, as defined in RCW 26.44.020: first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; first or second degree rape of a child; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Found in any dependency action or by a court in a domestic relations proceeding or in any disciplinary board final decision to have physically or sexually assaulted, exploited or abused any minor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Released from prison?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Convicted of any felony other than those listed in part A in Washington or any other state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct. I understand that this offer to volunteer with Habitat for Humanity-Spokane is contingent upon an acceptable response from the Washington State Patrol and/or federal law enforcement agency, whose criminal history review will be sought of all applicants on an annual basis. I agree that Habitat for Humanity-Spokane may, at its discretion, preclude me from volunteer service, if, among other reasons, I provide misleading or incomplete statements.



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VOLUNTARY WAIVER AND RELEASE OF LIABILITY BACKGROUND CHECK AUTHORIZATION

This form is to be read and signed by all persons, or their legal guardians or parents, intending to do volunteer work of any type for Habitat for Humanity-Spokane.

I, _____ agree to work as a volunteer for Habitat for Humanity-Spokane. I understand that permission has been granted to me by the Board of Habitat for Humanity-Spokane to work at the designated work sites. I understand that all volunteer activities, including volunteer work at Habitat for Humanity-Spokane work sites and other volunteer work for Habitat, involve risk of harm. I am aware of these risks and knowingly and willingly assume all risks of personal injury and loss of personal property that may be sustained in connection with these activities.

In consideration of my being permitted to participate in any and all volunteer activities and work for Habitat for Humanity-Spokane, I hereby waive, release and discharge Habitat for Humanity-Spokane, all members of its Board of Directors, its officers, employees, and agents, and other volunteers from any and all claims, demands, actions or causes of action of whatever nature which may arise out of my participation in volunteer activities and work for Habitat for Humanity-Spokane, including, but not limited to, personal injury or property damage, except due to their negligence.

Infectious Disease: Habitat for Humanity-Spokane is not responsible for any potential exposure to Novel Coronavirus, or COVID-19, which is not a direct result of negligence on the part of their employees, volunteers, or the organization. I hereby release, indemnify, and hold harmless Habitat for Humanity-Spokane the organizers, sponsors, agency partners and supervisors of all its activities, from all liability in connection with any injury. By agreeing, I affirm that I understand the risks involved in volunteering time with Habitat for Humanity-Spokane and me, myself am not currently experiencing symptoms of illness that may put others at risk.

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 volunteer Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Drug Policy: I have been advised that Habitat for Humanity-Spokane maintains a DRUG FREE WORK AREA and that no person is allowed on Habitat property or allowed to work on a Habitat house, work at the Habitat Store, or participate in other Habitat Activities if he/she/they is under the influence of alcohol and/or drugs. I agree to abide by this drug free policy.

Lastly, I understand that Habitat for Humanity screens all potential volunteers, staff (whether paid or unpaid), board members and applicant families through Washington State Patrol, federal law enforcement agencies and the national sex offender registry. By completing this application, I am submitting to such an inquiry. If a background check is deemed necessary, the Volunteer Coordinator at HFH-Spokane will contact you with the results.

- **This agreement shall bind me, my heirs, assigns, legal guardians, and personal representatives.**
- **Please sign and return this document along with community service documents issued by agency requiring your community service if applicable.**
- **Please sign and return to Habitat Office or to your group supervisor for conveyance to Habitat-Spokane.**

I have read this document, understand its contents and accept the terms of this agreement.	
Signature of Participant: _____	Date: _____
Emergency Contact Information NAME: _____ RELATIONSHIP TO PARTICIPANT: _____ PHONE NUMBER () _____	
Youth 16 to 17: I am the parent or guardian of the youth participant who has signed above and who is under 18 years of age. I have read this document, understand its contents, and accept the terms of this agreement.	
SIGNATURE OF PARENT/GUARDIAN OF PERSON UNDER EIGHTEEN _____	DATE _____

If a background check is deemed necessary, the Volunteer Coordinator at HFH-Spokane will contact you with the results.