



# ReStore

## Volunteer Information Record

### Contact Information

Name: \_\_\_\_\_  
                    First                                    Last

Address: \_\_\_\_\_  
\_\_\_\_\_  
                    City                    State                    Zip

Phone: (\_\_\_\_) \_\_\_\_\_  
                    O Home    O Work    O Cell

E-mail: \_\_\_\_\_

O Bilingual: \_\_\_\_\_  
                                    Language Spoken

### Availability

The Habitat ReStore is open  
Tuesday - Friday 10am - 6pm  
Saturday 10am - 5pm

O Tues    From \_\_\_\_\_ To \_\_\_\_\_

O Wed    From \_\_\_\_\_ To \_\_\_\_\_

O Thurs    From \_\_\_\_\_ To \_\_\_\_\_

O Fri    From \_\_\_\_\_ To \_\_\_\_\_

O Sat    From \_\_\_\_\_ To \_\_\_\_\_

### Emergency Contact / Medical Information

Name: \_\_\_\_\_  
Relationship to You: \_\_\_\_\_

Phone: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_

Pre-existing Health Conditions: \_\_\_\_\_

Relevant Medication Information (including allergies): \_\_\_\_\_

Please check next to the area(s) you are interested in volunteering

#### O SALES VOLUNTEER

- O I am comfortable moving/lifting medium/large size items
- O I have customer service experience/skills
- O I have operated a simple cash register before
- O I have knowledge of basic home repair/building materials
- O I have volunteered in a Habitat ReStore before (location: \_\_\_\_\_)

#### O DONATION PICK-UP VOLUNTEER

- O I am comfortable moving/lifting items
- O This is to complete Court Ordered Community Service Hours
- O This is to complete Student Service Learning community service hours

**Habitat for Humanity Capital Region, Inc. Volunteer Application**

**Name of Volunteer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Medical Insurance Information/ Allergies:** \_\_\_\_\_  
**(This Information is required should any illness or accident occur.)**

**Emergency Contact:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

**Release and Waive of Liability**

**Please Read This Carefully; This Is A Legal Document That Affect Your Rights.**

This Release and Waiver of liability ("Release") is executed on the date signed below by and between VOLUNTEER, his or heirs, executors, administrators, successors and assigns ("VOLUNTEER") and Habitat Of Humanity Capital District, INC., a New York not for Profit corporation, its directors, officers, employees and agents (collectively "HFHCD").

1. The VOLUNTEER desire to work as a volunteer for HFHCD. The VOLUNTEER understands that the volunteer's activities may include construction and rehabilitation of residential building, working in the HFHCD office, the HFHCD Restore and/or other physical activity. The VOLUNTEER understand that the work for HFHCD may include activity that may be hazardous to the VOLUNTEER, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites.
2. The VOLUNTEER hereby freely, voluntarily, and without duress releases, forgives, discharges and holds harmless HFHCD and its successors and assign from against any and all liability, claims and demands of whatever kind of nature, either in law or in