



## Volunteer Information (Adults & Minors)

Group Name: \_\_\_\_\_

### Volunteer Information (Please print)

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Certain employers have donation programs that support their employees who donate their time. Please list your employer so we can check to see if they participate. Thank you.

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

City & State: \_\_\_\_\_ Phone: \_\_\_\_\_

### Emergency Information (Please print)

Emergency contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: Day (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Alternate contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (medicine, food, etc.): \_\_\_\_\_ Contact lenses: Yes / No

Medications: \_\_\_\_\_

Physical impairments: \_\_\_\_\_ Other: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

### Skill Survey

This survey is being used to help the staff plan the projects for the time you will be volunteering. Please *circle* the letter that indicates the appropriate level of skill you have for each of the areas listed below

**A = Skilled Professional;** Formerly or currently employed in this trade, able to work independently. **Willing to teach others.**

**B = Skilled Non-Professional;** Handyman, apprentice, able to take responsibility for my own work and tools without supervision. **Willing to teach others.**

**C = Semi-skilled;** Some hands-on experience in this trade; able to take responsibility for my own work and tools when given some supervision.

**D = Knowledgeable;** No hands-on experience, "I saw it on TV", familiar with the skills and tools of this trade, able to follow instructions.

**E = Unskilled;** No previous skill, but I have an interest in learning.

- |                             |                                |                              |
|-----------------------------|--------------------------------|------------------------------|
| A B C D E <b>Framing</b>    | A B C D E <b>Plumbing</b>      | A B C D E <b>Painting</b>    |
| A B C D E <b>Insulation</b> | A B C D E <b>Windows/Doors</b> | A B C D E <b>Cabinets</b>    |
| A B C D E <b>Electrical</b> | A B C D E <b>Trimming</b>      | A B C D E <b>Landscaping</b> |
| A B C D E <b>Roofing</b>    | A B C D E <b>Siding</b>        | A B C D E <b>Organizing</b>  |

This release and waiver of liability (the “Release”) executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, a minor child (the “Volunteer”) and \_\_\_\_\_, the parent having legal custody and/or the legal guardian of the Volunteer (the “Guardian”), in favor of POTOMAC HIGHLANDS FULLER CENTER FOR HOUSING, INC., a West Virginia non-profit corporation, its directors, officers, employees, and agents (collectively, “Potomac Highlands”). The Volunteer desires to work as a volunteer for Potomac Highlands and engage in the activities related to being a volunteer. The Volunteer and Guardian understands that the activities may include constructing and rehabilitating residential buildings, working in our offices, and living in housing provided for volunteers of Potomac Highlands.

The Volunteer’s Parent or Guardian grants permission for the Volunteer to travel with and be a member of (*Group/Organization*) \_\_\_\_\_ Workcamp trip to West Virginia, for the dates of \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_

The Volunteer and Guardian do hereby freely, and without duress, execute this Release under the following terms:

1. **Waiver and Release** The Volunteer and Guardian do hereby release and forever discharge and hold harmless Potomac Highlands and its successors and assigns from any and all liability, claims, and demands of whatever nature, either in law or in equity, which arise or may hereafter arise from the Volunteer’s work with Potomac Highlands. The Volunteer and Guardian understand and acknowledge that this Release discharges Potomac Highlands from any liability or claim that the Volunteer or Guardian may have against Potomac Highlands with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s participation in Potomac Highlands’s home building and other programs. The Volunteer and Guardian also understand that, except as otherwise agreed to by Potomac Highlands in writing, it 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 in the event of injury or illness.
2. **Medical Treatment** Except as otherwise agreed to by Potomac Highlands in writing, the Volunteer and Guardian do hereby release and forever discharge Potomac Highlands from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s work with Potomac Highlands. The Guardian does hereby authorize adult leaders of (*Group/Organization*) \_\_\_\_\_, or staff of Potomac Highlands, as agents for the undersigned, to consent to any examinations, x-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by a qualified physician or local hospital in the event of an emergency. The parent or guardian will assume responsibility for fees incurred by such an emergency.
3. **Assumption of the Risk** The Volunteer and Guardian understand that working with Potomac Highlands may include activities that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. In connection thereto, the Volunteer and Guardian recognize and understands that activities at Potomac Highlands may, in some situations, involve inherently dangerous activities. The Volunteer and Guardian hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Potomac Highlands from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer’s work with Potomac Highlands.
4. **Insurance** The Volunteer and Guardian understand that, except as otherwise agree to by Potomac Highlands in writing, Potomac Highlands does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect. Potomac Highlands also highly recommends that each Volunteer and/or volunteer group obtain short-term mission trip insurance.
5. **Photographic Release** The Volunteer and Guardian do hereby grant and convey unto Potomac Highlands the right to take and utilize photos and videos of the Volunteer’s work at Potomac Highlands for public relations and fundraising purposes, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
6. **Other** The Volunteer and Guardian expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of West Virginia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of West Virginia. Volunteer and Guardian agree that in the event that any clause or provision of this Release shall be held to be invalid by any court or competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

**Printed Name of Parent or Guardian** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Signature of Witness:** \_\_\_\_\_ **Date** \_\_\_/\_\_\_/\_\_\_

## *Volunteer Conduct Agreement*

Revised March 2016

*Thank you for coming; we are glad to have you as a volunteer and appreciate your support of our housing ministry!*

***Rules, Rules, Rules; it seems there are rules all around us. Rules help to keep things running smoothly and let you know what is expected of you. We ask that you read and adhere to this Code of Conduct to make everyone's volunteer service at Potomac Highlands Fuller Center for Housing enjoyable and rewarding.***

- Know and abide by the Potomac Highlands Fuller Center Safety Policy.
- Like most things in life, it takes a group effort, so understanding that it is everyone's responsibility to make sure that the project sites are clean and in order at all times.
- Horseplay, pranks, and roughhousing are unacceptable.
- Treat all with whom you come in contact with respect and courtesy, even if you experience differences.
- We are all called to serve in peace. There is no place to be no abusive, disrespectful or vulgar language or behavior of any kind. This includes, but is not limited to: curse words, racial slurs, and sexually explicit or suggestive conversations and music.
- Discrimination of any kind can not be tolerated.
- Cooperation with Homeowners, other volunteers & all Potomac Highlands staff is expected.
- Please dress appropriately. Modest and non-revealing clothing is expected.
- ABSOLUTELY no alcohol or drugs that are illegal in the state of West Virginia are allowed on Potomac Highlands property. Tobacco, in all forms, is prohibited on the worksite. Smoking, vaping, and other forms of tobacco use is only permitted in designated locations and not within 25 feet from any Potomac Highlands property or project sites. Tobacco debris (butts, wrappers, empty packs, etc. must be disposed of properly).

*Like all rules, disregarding them carries consequences. All disciplinary matters will be handled jointly with the Potomac Highlands staff and Group Leaders*

**I have read and understand the Volunteer Conduct Agreement and agree to abide by it.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_