



Volunteer Information Packet



Requirements:

- All volunteers must be at least 16 years of age to work on the construction site.
- Volunteers must pre-register online. Any volunteers that have not completed pre-registration will be asked to return another day.
- All volunteers must complete and submit the Volunteer Information, Emergency Contact, and Waiver and Release of Liability Forms.
- Minors must have a parent or guardian sign the Waiver and Release of Liability Form.
- Construction knowledge and experience is valued but not required.

What to Bring:

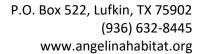
- Sturdy, closed toed shoes (required).
- Sunscreen, hat, and sunglasses (optional).
- A positive attitude!

What Habitat Provides:

- A lite breakfast.
- Bottled water.
- All necessary tools and equipment.

What to Expect:

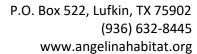
Habitat for Humanity of Angelina County utilizes volunteers to help build safe and affordable homes for low income families. We ask that all volunteers arrive at 7:30 am to check in, enjoy a lite breakfast, and debrief with the Construction Director. It is important that all volunteers arrive on time, as the morning debrief is essential to a successful workday. During the morning debrief, the Construction Director will explain the daily tasks, break volunteers into groups, and will begin each morning with prayer. Volunteers will work closely with one another, as well as volunteer team leaders, Habitat homeowners, and the Construction Director. Volunteers may complete tasks such as painting, installing trim, landscaping, and various other construction related tasks.





Volunteer Information Form Please print and sign this form

Mr/Mrs/ Ms/Miss		First Name				Middle Name		Last Name					
Address (home)						Apt/Uni Numbe		City			Zip Code		
Phone (home/ce				Phone (work)				Volunte Date	eer	1	ate Birth		
☐ Male	☐ Fem	iale I	E-mail <i>A</i>	Address (pers	onal)								
Employer							Positio	on Title					
Volunteer or group (_	employer		Group Name							u a vete Y / N)	ran?	
Are you currently serving If so, what branch of service?						Do you have a family member currently serving in the military? (Y / N)							
Voluntee	er Skills a	nd Intere	st: Plea	ise list any a	reas of o	constructi	on in whi	ch you h	iave skills o	or intere	est.		





Emergency Contact Form

First Name	Last Name		Voluntee	er Date	
In case of Emergency Please Contact:					
First and Last Name	_	Relation			
Work Phone	Cell Phone				
Address	City	,	State	Zip	
The following information may be needed history.			g access to the vo	lunteer's medical	
Allergies	Med	lications Currently Being Taken			
Blood Type Date of Last Tetanus Shot	Personal Physician		Phone		
Address	City		State	Zip	
Heath Insurance Provider	Policy Number		Insurance Agent		
Medical Contact Info:					
Doctor Name Phone #					
Do you have a preferred Hospital or Phys	ician if Emergency Treatm	ent is required? If so, p	lease list:		
Hospital -or- Physician City -or- Phone #					
I have voluntarily provided the above cont representatives to contact any of the abov	-	_	ity of Angelina Co	unty and its	
Volunteer Signature		Date			



Release & Waiver of Liability

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I acknowledge that I have voluntarily applied to Habitat for Hurand/or other volunteer activities ("Volunteer Activities") at local that Volunteer Activities are hazardous. I am voluntarily participal danger involved. I hereby agree to assume any and all risks of initials here.	nations in the State of Texas. I am aware pating in these Volunteers Activities with the knowledge of the				
or partial paralysis, brain damage, serious injury to internal org	ath, serious neck and spinal injuries which may result in complete ans, serious injuries to the musculoskeletal system, loss of hand(s), h may result in serious and permanent injury to a loss of an eye(s), ealth and well-being.				
County or any affiliated organizations or the suppliers of any to resulting from negligence from all actions, claims or demands t					
I hereby grant and convey unto Habitat for Humanity of Angelia images and video / audio recordings made by Habitat for Humanity of Angelina County, including but not limited to any recordings.					
I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK, RELEASE UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RE HABITAT FOR HUMANITY OF ANGELINA COUNTY AND ANY OF DOCUMENT OF MY OWN FREE WILL.	LEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND				
Executed of on this day (month)	Year				
Volunteer Name (printed)	Volunteer Signature				
Parent/Legal Guardian Name (printed)	Parent/Legal Guardian Signature (if applicable)				

If volunteer is under the age of 18, his/her parent or legal guardian must sign. No one under the age of 16 is permitted to volunteer on the construction site.