HFHIC Volunteer Application

Personal Information

Name	
Date of Birth	
Street Address	
City, State, Zip Code	
Phone	
E-Mail Address	
T-shirt Size	
Food Allergies/Dietary Restrictions	

Availability

During which hours are you available for volunteer work?

- ☐ Weekday mornings
- ☐ Weekday afternoons
- ☐ Weekday evenings
- ☐ Weekend mornings
- ☐ Weekend afternoons
- ☐ Weekend evenings

Interests/Skills/Qualifications

Special Skills, Interest or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that you feel will be beneficial to Habitat for Humanity of Ionia County.

What are you looking to gain as a volunteer with HFHIC?	Why have you chosen Habitat for you for volunteer work?

Emergency Contact

Name	
Street Address	
City ST ZIP	
Home Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a employee, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Please submit application to smoore@ioniahabitat.org or mail to 3192 Commerce Ln., Suite C3 Ionia MI 48846

Other info:

Volunteer Criminal Background Check Policy and Authorization Form

Criminal Background Check Policy

As a ministry, Habitat for Humanity of Ionia County values the safety of children, our employees, volunteers and the families we serve. We want to take prudent measures to protect our human and material resources.

Disqualification Criteria

A previous conviction may disqualify an applicant from employment, or board members and volunteers from service with Habitat for Humanity of Ionia County. In determining eligibility, Habitat for Humanity of Ionia County, in its sole discretion, may consider several factors, including, without limitation, the:

- nature, duties and responsibilities of the position;
- nature of the conviction and whether children were involved;
- time elapsed since the offense;
- extent to which the offense may affect the person's fitness or ability to perform the duties or responsibilities of the position;
- age of the candidate when the illegal activity occurred;
- number of convictions (if more than one);
- any information produced by the person or produced on the person's behalf demonstrating rehabilitation and good conduct. Arizona, California, Illinois, Nevada, New Jersey and New York issue certificates of rehabilitation for former convicts;
- whether hiring, transferring, promoting or partnering with the applicant and/or candidate would pose a risk to the organization;
- whether the state's public policy encourages employment of persons who have been convicted of crimes;
- whether the state's public policy encourages homeownership of persons who have been convicted of crimes;
- the nature of the build, i.e., proximity of houses, mixed use communities, etc.; and/or
- any other factor that Habitat for Humanity of Ionia County deems relevant to the decision.

Examples of Disqualification Warranted

If a person withholds information or falsifies information pertaining to previous convictions, the person may be disqualified from further consideration. The following list provides some examples in which Habitat for Humanity of Ionia County may, within its sole discretion, determine an individual to be ineligible for homeownership, employment and/or service:

- embezzlement or fraud conviction of a Fundraising Director applicant;
- stalking conviction against a supervisory candidate or candidate with access to personal information such as Executive Director or Human Resources personnel.
- murder and/or assault conviction against a candidate with access to dangerous instruments, i.e., Construction Manager; and/or
- burglary conviction of a partner family member in a condominium or apartment style community.

This list is not exhaustive and is for illustrative purposes only. Habitat for Humanity of Ionia County reserves the right to weigh disqualification criteria on a case-by-case basis and to make selection decisions in its sole discretion. Disqualification may extend to any partner family member and to any position with Habitat for Humanity of Ionia County.

Procedure

Habitat for Humanity of Ionia County will make good faith efforts to comply with the following procedures when conducting criminal background checks:

- check all states in which the person has resided for the last ten (10) years;

- ensure all recruitment information, applications, announcements, and descriptions state the position or partner family relationship requires a criminal background check;
- seek prior written approval in accordance with applicable laws, and in particular, where third party vendors are retained to conduct criminal background checks;
- initiate criminal background checks prior to the hire, transfer, promotion, or reassignment of individuals, including reclassification;
- notify the individual under consideration that an offer for any personnel action (employment, transfer, promotion, reclassification, or change in duties) or homeowner status is conditioned on successful completion of the criminal background check, and that falsification of information submitted may be cause for corrective action, up to and including dismissal and/or elimination from the homeownership program; and/or
- review criminal background checks that reveal convictions and determine within a reasonable time whether such convictions disqualify individuals from positions and/or family partnership.

Denial of Application, Termination or Reassignment

Based on any or all of the criteria outlined in this policy, Habitat for Humanity of Ionia County may, in its sole discretion, decide that a partner family will be denied homeownership, an employee will be terminated, a volunteer will be dismissed or an applicant will not be hired. In the employment or volunteer context, Habitat for Humanity of Ionia County may, in its sole discretion, also choose to reassign a former convict to a job involving less exposure to risk. In doing so, Habitat for Humanity of Ionia County may, in its sole discretion, consider:

- the type and location of the job – whether it would give the offender access to potential victims;
- the types of co-workers and subordinates in the workplace;
- whether the job would involve travel;
- work hours;
- degree of supervision; and/or
- amount of access to technology, i.e., the Internet.
- Limit the number of business days in which an individual may provide evidence of the inaccuracy of a criminal background check report.

Criminal Background Check Authorization

Habitat for Humanity of Ionia County requires that criminal background checks be conducted for all board members, employees and key volunteers, and in particular, those who may have unsupervised contact with a child, the elderly or persons with disabilities. Habitat for Humanity of Ionia County reserves the right to recheck criminal backgrounds at any time during the course of employment and/or involvement with Habitat for Humanity of Ionia County and its mission. Additionally, any volunteer and/or employee working specifically with youth and children will be required to have a sexual offender background check as part of the overall screening process.

Any person who does not consent to a criminal background check and sexual offender background check (if applicable) will not be permitted to become an employee, partner family, work and/or volunteer with Habitat for Humanity of Ionia County. Criminal background checks are only one part of the verification process. Habitat for Humanity of Ionia County may also perform reference checks, verify prior employment, and obtain copies of licenses or certificates required for the specific position.

Your written authorization is required to start this process. All results will be kept confidential and an opportunity will be provided to you to challenge any negative result findings.

Please sign this statement and return the original copy to Habitat for Humanity of Ionia County as soon as possible. Failure to sign and/or return this statement will result in you being eliminated for consideration for a Habitat for Humanity of Ionia County position or removal from a current position, whichever condition applies.

Your efforts to join us in ensuring safety are greatly appreciated.

Authorization

I understand that a criminal background check and if applicable, a sexual offender check is required in order to serve as a volunteer for or staff member of Habitat for Humanity of Ionia County. I therefore authorize the appropriate personnel of Habitat for Humanity Ionia County to conduct a criminal background check and if applicable, a sexual offender check on myself based on the accurate information provide below.

Name: _____

(Signature)

Name: _____

(Printed)

DOB: _____ Sex: Female ☐ Male ☐

(Date of Birth) (Circle one)

Race: _____

Maiden Name and/or other names: _____

Date: _____

Agreement, -Release and Waiver of Liability

PLEASE READ CAREFULLY!
THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") is executed on Date:_____, by each signed individual, (the "Volunteer"), in favor of Habitat for Humanity – Ionia County, Habitat for Humanity International, Inc. and any other Habitat for Humanity affiliated organization[1], and their respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers and agents (collectively, the "Released Parties").

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties without compensation and engage in the activities related to being a volunteer. I understand that my activities may include but are not limited to the following: working at Habitat for Humanity offices and worksites; working in or for Habitat for Humanity ReStore operations; loading and unloading materials; traveling to and from work sites, towns, cities or countries; consuming food available or provided; living in housing provided for volunteers; assisting in disaster relief areas; constructing and rehabilitating residential buildings; other construction-related activities; and other volunteer activities ("Activities").

I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

I also understand there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) or country(ies) visited. I further understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, instability, inclement weather or other circumstances that could threaten my health or safety. I also understand that it is the policy of the Released Parties not to pay ransom or make any other payments to secure the release of hostages.

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

Release and Waiver. In consideration of and in order to be allowed to participate in the Activities, I, the Volunteer, do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims, demands, costs and damages of any kind, whether arising from tort, contract or otherwise, which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue, arise from, or are in any way related to my Activities with any of the Released Parties, including but not limited to personal injury, bodily injury, illness, property damage, loss or death, whether caused wholly or in part by the simple negligence, fault or other misconduct of any of the Released Parties or of other volunteers, other than their intentional or grossly negligent conduct.

I understand and acknowledge that by signing this Release I knowingly assume the risk of injury, harm, damage and loss associated with the Activities. I also understand that the Released Parties do 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, illness, death or property damage. I understand and acknowledge that children under the age of 16 are not allowed on Habitat for Humanity worksites while construction is in progress. While minors between the ages of 16 and 18 may be allowed to participate in some types of construction work, I understand that using power tools, excavation, demolition, working on rooftops and similar activities are not permitted for anyone under the age of 18. I agree it is my responsibility to communicate these requirements to any of my minor children who will attend and/or participate in the Activities.

Consent to Transportation and Medical Treatment. I consent to the use of first aid treatment and the use of generic and over the counter medications and treatments as directed by manufacturer labels, whether administered by the Released Parties or first aid personnel. In an emergency, I understand the Released Parties may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the Released

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[1] Each Habitat for Humanity affiliate is an independently owned and operated non-profit corporation. Habitat for Humanity International, Inc. does not own, operate, or control the activities of Habitat for Humanity affiliated organizations.

Parties to act as an agent for me to consent to any examination, testing, x-rays, medical, dental or surgical treatment for me as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize the Released Parties to arrange for transportation of me as deemed necessary and appropriate in their discretion. I, the Volunteer, do hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand, and action whatsoever brought by me or on my behalf which arises or may hereafter arise because of any transportation, first aid, assessment, care, treatment, response or service rendered in connection with my Activities with any of the Released Parties.

If the Volunteer is less than 18 years of age, the parent(s) having legal custody and/or the legal guardian(s) of the Volunteer also hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand and action whatsoever brought by such volunteer or on his/her behalf which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to transport, administer first aid, and consent to assessment, examination, x-rays, medical, dental, surgical or other such health care treatment as set forth in the Parental Authorization for Treatment of, and Travel With, a Minor Child.

Insurance. I understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for me or my child. I agree that the Released Parties do not assume any responsibility for the payment of such fees or expenses which may be incurred. If I have health insurance, I understand my personal health insurance is my primary coverage.

Confidentiality. I agree that in the course of my participation in the Activities, I may have access to personal and/or health care information of other persons. I agree to maintain the confidentiality of such information, to use such information only as necessary to do my job as a volunteer, and to comply with Habitat for applicable policies regarding such information.

Photographic/Recording Release. I hereby grant and convey unto Habitat for Humanity International, Inc. all right, title and interest in any and all photographs and video/audio/electronic recordings of me, including as to my name, image and voice, made by or on behalf of any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such materials for any purpose and to any royalties, proceeds or other benefits derived from them. I understand that I will not have any ownership interest in or to such photographs, images and/or recordings, I have not been provided or promised any compensation to me, and I hereby waive any rights, privileges or claims based on any right of publicity, privacy, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings. I understand and agree that this paragraph also applies to my minor child(ren) who are volunteering.

Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by state law. I further agree that in the event any clause or provision of this Release is held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release by a Released Party does not prevent the exercise of any other right.

I have carefully considered my decision; the benefits and risks involved and hereby give my informed consent to participate in all volunteer Activities. I have read and understand this Release and Waiver of Liability, any questions of mine have been answered, and I voluntarily agree to the above provisions. It is my intent to bind my heirs, next of kin, assigns and legal representative.

SIGNATURE OF VOLUNTEER 18 YEARS OR OLDER: _____