Orientation Date Special	Build Name
VOLUNTEER REGISTRATION/RELEASE FORM	
Please fill out the form below and indicate your interests on th PLEASE PRINT LEGIBLY	e back of this form.
Name	Retired:
Street Address	City
State Zip Code E-mail	
Phone: (Where do you want to be contacted?) (H)Fax Cell	(W)
EmployerOccupation	
Clubs/Organizational Affiliations	
Church/Faith Affiliation	
Emergency Contact Info: Name	Phone
VOLUNTEER LIABILITY RELEASE	
I hereby release Habitat for Humanity of Mahoning County an including any of its agents, employees, directors, officers, or we demands, suits, or causes of action against it which I have or mand all accidents, injuries or damages to me or my property ari Habitat projects.	orkers, from any and all claims, nay have in the future with regard to any
I understand that I am a volunteer working on this project and as such waive all rights to claims, demands, suits or causes of action for injury or damage sustained in relation thereto. I do not have any medical or physical limitations which would restrict the work I can do on a Habitat construction project.	
I further represent that I have medical insurance on my own with which will cover any and all injuries or medical conditions which must be treated in connection with any and all accidents related to working as a volunteer on a Habitat for Humanity of Mahoning County project.	
I further □ AGREE □ DO NOT AGREE to allow any photo of Mahoning County events to be used for Habitat purposes.	os taken of me at Habitat for Humanity
I further state that I have heard Habitat safety procedures as well as received them in written form for my personal reference.	
I further state that I have carefully read the foregoing release and know the contents thereof and sign as my own free act.	

(Please sign your name)

(Please print your name legibly)