



Community Service Restitution Volunteer Information

DATE _____

NAME (please print) _____ GENDER: M F

DATE OF BIRTH: ____/____/____

TELEPHONE (____) _____

Community Service Restitution (CSR) Rules

If you have a probation or parole officer in Williamson County, you must go through the Williamson County Community Service Restitution Program. All CSR participants must follow the ReStore Safety rules, the Williamson County Community Service Program rules, and the following Habitat CSR rules and requirements.

Recording of Time

- Sign in and out on the Habitat ReStore CSR log. The log is faxed to the Williamson County CSR Program Director weekly.
- Provide documentation for Habitat staff to sign each day. Documentation will NOT be provided for you.
- Only time worked will be recorded. If you leave for any reason that time will not be counted, except lunch and breaks.

Lunch and Breaks

- Full Day (8 hour) shift – 30 minute lunch and two 10 minute breaks
- Half Day (4 hour) shift – one 10 minute break

Parking

- Park in the employee parking lot at 2151B Old Airport Road, Georgetown

Prohibited Behavior while completing community service hours

- No foul language or vulgar conversation (as defined by Habitat staff)
- No soliciting or accepting of tips
- No giving or requesting contact information from customers (including business cards, phone numbers, email addresses, etc.)
- No soliciting or personal or professional business
- If you fail to follow the Williamson County Community Service Program rules, the Habitat Safety and CSR rules, or supervisor's direction, you will be sent home, reported to Williamson County CSR Program Director and not permitted to return to the Habitat ReStore. You will not receive credit for any hours worked that day.

I acknowledge that I have read the Habitat for Humanity of Williamson County Community Service Restitution Program Rules and that I understand and will abide by its contents.

Name of worker (please print) _____

Signature of worker _____ Date _____



ReStore Safety Rules

Wear Safe Clothing – the Georgetown ReStore is not climate controlled

- Sleeved shirts (lightweight in the summer/layers in the winter)
- No offensive clothing (as determined by Habitat staff)
- Closed toe shoes with gripping soles
- No baggy pants or shorts

Work Smarter, Not Harder

- Follow instructions
- Remember to lift with the legs, not with the back
- Move items with equipment rather than physical labor, when possible
- Be aware of forklift activity
- Place tools and equipment in their proper locations
- Use work gloves
- Work in teams when lifting heavy materials and using ladders
- Keep walkways clear and accessible
- Take breaks
- Stay hydrated

Be Aware Of Your Surroundings

- Watch out for other workers and customers
- Keep ReStore clean
- Stay alert
- NO cell phone use in the ReStore – you may use your cellphone during your break, in the breakroom or off the premises
- NO smoking (tobacco products or e-cigarettes) on Habitat for Humanity of Williamson County premises

In recognition of the federal labor laws regarding children and the potential risk to children's safety, no one under the age of 16 will be allowed to volunteer at the ReStore unless working with an approved group. Further, no one under the age of 18 should be allowed to do any of the ultra hazardous activities, including the use of power tools, motor vehicles, demolition, roofing, working from a height of six feet or more and excavation operations.

I acknowledge that I have read the Habitat for Humanity of Williamson County ReStore Safety Rules and that I understand and will abide by its contents.

Name of worker (please print) _____

Signature of worker _____

Signature of Parent or Guardian if worker is under 18: _____

Date _____



ADULT VOLUNTEER 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 this day of 20 ,

by , (the "Volunteer"), in favor of **Habitat for Humanity of Williamson County, Texas, Habitat for Humanity International, Inc. and any other Habitat for Humanity affiliated organization¹, 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,

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.

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 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 on account 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.

Authorization for Release of Protected Health Information. I authorize the following entities to disclose my health information to Habitat for Humanity International, Inc., its affiliated companies, and their officers, directors, volunteers, agents, employees and their authorized representatives (for purposes of this paragraph, collectively "Habitat"): ACE American Insurance Company, its affiliated companies, and any authorized representatives ("Company"). My health information includes any and all information relating to my health which is in the possession of Company, including but not limited to medical and dental records, medical consultations, treatments, or surgeries; psychiatric or psychological care; use of drugs or alcohol; drug prescriptions; and communicable diseases, including HIV/AIDS. I understand the health information to be disclosed includes information protected under Federal and State law, including regarding mental health, substance abuse, developmental disabilities, infectious/communicable diseases, privileged communications and genetic information. I understand that the disclosure to Habitat is for the following purposes: eligibility confirmation; claim submission facilitation; claim inquiry and dispute resolution; fraud detection; and audit and quality control services. I understand that the signing of this Authorization is voluntary and is not

required to receive benefits under any Company insurance policy. . I understand that I may request a copy of this Authorization. I agree that a photographic copy of this Authorization shall be as valid as the original. I understand that this Authorization is valid for the longer of 12 months or the duration of any claim for benefits under any Company insurance policy, but in no event longer than 24 months. I understand that I may revoke this Authorization at any time by providing written notification to the Company at CHUBB North American Claims c/o CHUBB A&H Claims, One Beaver Valley Rd, Wilmington, DE. 19803. Such revocation shall not have any effect on actions that the Company and/or Habitat took in reliance on the Authorization prior to each receiving notice of the revocation.

Photographic/Recording Release. I hereby grant and convey unto the Released Parties 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:

Volunteer: Name (please print):

Signature:

Address:

Phone: (H)

(C)

Date of Birth:

EMERGENCY CONTACT INFORMATION FOR VOLUNTEER OVER 18 YEARS OF AGE:

Name: _____ Relationship: _____

Address: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____