NOTE: EMERGENCY CONTACT INFORMATION - identify someone who will be reachable on the day you are volunteering

Emergency Contact Information - MUST BE COMPLETED and SIGNED BY ALL VOLUNTEERS:

Volunteer Name: ______________________________ Emergency Contact: ____

Emergency }v š [• Phone #: _________________________ Relation: ____

Habitat does not routinely store medical information or HIPAA protected information. It is the sole responsibility of volunteers to determine if you wish to voluntarily disclose any medical condition or information to staff that you want shared with medical personnel in the event of an emergency. In providing information regarding your medical condition, you agree that Habitat is not responsible for the security or privacy of any information provided to staff regarding your medical condition.

Permission and Consent to Treatment z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z z

- I verify that the volunteer listed above is at least 1 ò years old and is physically and emotionally mature to handle the minimize risks inherent to construction operations. 1 ò & 1 ó year olds may volunteer only with an adult 21 years+ present and supervising them.
- I hereby release , & , from any claim whatsoever which arises or hereafter arises due to any first aid, treatment, or service rendered in connection with š Z } À À } µ v š participation with , & ,
- In consideration of the participation in the activities of , & „ I give my permission to , & „ or its officers, agents, employees, volunteers, or independent contractors to transport the above volunteer to a hospital or emergency facility for treatment. I further consent to have any such hospital or treating physician perform any procedure necessary or advisable.

Applicant Signature ____ Date ______________________________

>Parent/Legal Guardian Signature ____________________________________ (if volunteer is under 18 years of age)