

Habitat for Humanity Application Forms

Pre-Trip Meeting

There will be a pre-trip meeting Monday, June 11, 2018 at 7:00pm in the basement of the Annex.

Signatures Must Be Witnessed and/or Notarized

- The Garrett County Habitat application form must be witnessed for both youth and adults.
- Youth form "Parental Authorization For Treatment Of, And Travel With, A Minor Child" must be notarized.

Payment Information

- Payment is required from all participants (DUMC member or not) at time of application.

Application Deadline

Applications and full payment must be received no later than Thursday, June 14, 2018. No applications will be accepted after that date.

Where to Return Forms

Return completed applications with appropriate payment to the church office (attention Anita Duvall). Follow up with a phone call or email to Anita when you have dropped off your application.

Questions? / Contact Info

Anita Duvall

240-485-7650 (cell/text) (please include your name in your message or text)

anita.duvall@fda.hhs.gov

<http://www.garretthfh.org/> (Garrett County Habitat Website)

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VOLUNTEER INFORMATION

Date ____/____/____

Name _____ Age _____

Primary Phone _____ Alternative Phone _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Name of Group _____

Occupation _____ If student, year in school _____

Tee Shirt Size: ____S ____M ____L ____XL ____2XL ____3XL

All shirts are adult size

Skill Survey

Please *circle* the number that indicates the appropriate level of skill you have for each of the areas listed below. If you are not interested in working in a particular area, skip those numbers regardless of your skill level.

1=Skilled; able to lay out materials, work independently, oversee others

2=Semi-skilled; able to take responsibility for my own work and tools

3=Unskilled; but I have specific interest in learning this area

- 1 2 3 Framing
- 1 2 3 Vinyl siding
- 1 2 3 Painting
- 1 2 3 Cabinets

- 1 2 3 Masonry
- 1 2 3 Roofing
- 1 2 3 Trimming
- 1 2 3 Landscaping

This survey is being used to help the staff plan the projects for the time you will be volunteering with Garrett County Habitat for Humanity. Though we want to utilize your skills and talents to their fullest, many factors may determine what projects you will be working on such as the skill level of your group, the financial resources available, the tasks completed by previous volunteers, and the weather conditions. Keep in mind...THERE ARE NO UNIMPORTANT JOBS! BE FLEXIBLE!

Safety Video

Yes, I have viewed and understand the safety video or have taken the online course available at <http://www.lezage.com/login.cfm?dp=24> (enter **W8NAEBTG** in the employee pass code box and click on submit). I am aware of the associated hazards of construction.

Signature

Date



P.O. Box 363 • Oakland, MD 21550

301.533.0600

E-Mail: office@garrettcountyhabitat.org

Maryland Home Builder No. 7367

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 Garrett County Habitat for Humanity, Habitat for Humanity International, Inc., and any other Habitat for Humanity affiliated organization, and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties").

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: working in Habitat for Humanity offices or Habitat for Humanity ReStore operations; traveling to and from work sites, towns, cities or countries; consuming food available or provided; living in housing provided for volunteers; constructing and rehabilitating residential buildings; and other construction-related activities.

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

Release and Waiver. 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 and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereafter arise from or is in any way related to my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers.

I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm 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.

It is the policy of Habitat for Humanity that children under the age of 16 are not allowed on Habitat for Humanity worksites while construction is in progress. It is further the policy of Habitat for Humanity that, while minors between the ages of 16 and 18 may be allowed to participate in construction work, using power tools, excavation, demolition, working on rooftops and similar activities are not permitted for anyone under the age of 18.

Medical Treatment. I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment 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 Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the "Guardians") also hereby release and forever discharge the Released Parties from any claim whatsoever 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 consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Minor Child.

Assumption of the Risk. I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, the following: construction; loading and unloading; travel to and from the work sites; and 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, inclement weather or other circumstances that could threaten my health or safety. I also understand that it is the policy of the Released Parties to not pay ransom or make any other payments to secure the release of hostages.

I hereby expressly and specifically assume the risk of injury or harm in the Activities and release the Released Parties from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

Insurance. I, the Volunteer, 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.

Photographic Release. I, the Volunteer, do hereby grant and convey unto Habitat for Humanity International, Inc., all right, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

Other. I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where the Activities take place. I further agree that in the event any clause or provision of this Release shall be held to be 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 does not prevent the exercise of any other right.

To express my understanding of and agreement with this Release, I sign here with a witness.

Volunteer: Name (please print): _____

Signature: _____

Address: _____

Primary Phone: _____ Alternative Phone: _____

E-mail: _____

Date of Birth: _____

Witness: Name (please print): _____

Signature: _____

IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must also sign this Release and Waiver of Liability with a witness. Also, all parents or guardians must complete the “Parental Authorization for Treatment of, and Travel With, a Minor Child” on the following page. If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

Volunteer: Name (please print): _____

Parent/Guardian: Name (please print): _____

Signature: _____

Address: _____

Witness (print name): _____

Signature: _____

Parent/Guardian: Name (please print): _____

Signature: _____

Address: _____

Witness: Name (please print): _____

Signature: _____

PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD

I, _____, am the parent or legal guardian having custody of _____, a minor child. As such parent or legal guardian, I hereby authorize and appoint Anita Duvall, an adult in whose care the minor child has been entrusted or a duly authorized agent of Habitat for Humanity International, Inc., as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, _____, concerning my minor child's personal care, medical treatment, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others.

Also, I hereby authorize and appoint my agent to travel with my minor child to Garrett County, Maryland, and consent for my minor child to serve as a volunteer with Garrett County Habitat for Humanity, and to help construct houses and participate in other activities on a voluntary basis, without compensation.

1) Parent or Guardian: Witness: Date:

2) Parent or Guardian: Witness: Date:

This PARENTAL AUTHORIZATION FOR TREATMENT OF, AND TRAVEL WITH, A MINOR CHILD sworn to and subscribed before me by _____ and _____, the Parent(s) or Legal Guardian(s) of _____, a minor child, this ____ day of _____, 20____.

Notary Public

My commission expires: _____



Emergency Contact Information

Name of Volunteer: _____

Group Name: Damascus United Methodist Church

In case of emergency, please contact:

Name: _____

Relation: _____

Address: _____

Primary phone: _____ Alternate phone: _____

Group work week start date: July 8, 2018 End date: July 13, 2018

DUMC Supplemental Application for Garrett County Habitat for Humanity Trip

Participant Info (Print Clearly)

(Parental information for participants under 18 is on the next page.)

Participant Name: _____

Participant Cell Phone: _____

OK to Text (circle one): Yes No

Participant Home Phone (if different than cell): _____

Participant Work Phone: _____

Participant Email Address: _____

- Are you a member of (or do you otherwise regularly attend) Damascus UMC?
(circle one) Yes No

(If you circle Yes, you must include a check made out to DUMC for at least \$80 with your completed application)

(If you circle No, you must include a check made out to DUMC for at least \$130 with your completed application)

- We receive funds from the Harwood House Thrift Shop for our trip. They would like to know if Habitat participants support the Thrift Shop in any way. Do you support the Thrift Shop?
(circle one) Yes No

If yes, please explain your involvement (for example, shop there monthly, sort items every Tuesday, work as a cashier every other Saturday).

Participant Name (please print): _____

- Is this your first time attending Garrett County Habitat? (circle one) Yes No

If yes, how did you hear about the trip (for example, Beacon, church website, a previous participant [give person's name])?

- List any medical concerns we should know about (for example, asthma, allergies to bee stings, allergies to specific foods, medications needed, etc.):

- List any special dietary needs (for example, vegetarian, etc.):

Parent/Guardian Info (for participants under 18)

Parent(s) Name(s): _____

Best Contact Number for Parent for pre-trip planning purposes: _____

Is this number (circle one) Home Work Cell
If cell, OK to text? (circle one) Yes No

Parent Email Address: _____

Participant Name (please print): _____

Signatures

I have read all the required reading information provided by both Garrett County Habitat and DUMC. I agree to the registration procedures and rules outlined in those documents and the safety video.

Printed Participant Name

Participant Signature and Date

Printed Parent Name (for participants under 18)

Parent Signature and Date (for participants under 18)

REMAINING PAGES FOR ADULTS ONLY (21 or older at time of trip)

The following application pages are only for adults who will be 21 or older at the time of the Habitat trip. DUMC requires all adults to obtain Safe Sanctuary training (which will be scheduled before the trip) and to complete both the Safe Sanctuary Covenant Statement and Questionnaire on the following pages.

Information about the Safe Sanctuary program can be found on the church website:

<http://www.damascusumc.org/get-involved/children/>

Look for the Safe Sanctuary information near the bottom of the page.

Safe Sanctuary Questionnaire -- 2016

If more space is needed, please use an additional sheet of paper.

Name _____ Home Phone _____

Address _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone _____

Email Address _____

1. Have you ever been accused, in a written and signed statement, of sexual misconduct with a child or a youth? ___Yes ___No
2. Have you ever been accused, in a written and signed statement, of sexual misconduct with an adult? ___Yes ___No
3. Have you ever been dismissed from any position, volunteer or salaried, because of accusations of sexual misconduct on your part? ___Yes ___No
4. Have you ever resigned from any position, volunteer or salaried, because of an accusation of sexual misconduct on your part, or to avoid being dismissed because of an accusation of sexual misconduct on your part? ___Yes ___No
5. If your response to any of the foregoing questions (1 through 4) is "yes", please provide on a separate sheet of paper all details regarding each accusation of sexual misconduct that has been made with respect to you, including a description of the alleged conduct, the name of the person who made the accusation, the date of the alleged misconduct, and the name of your employer at the time of the alleged misconduct.
6. Have accusations of sexual misconduct on your part ever resulted in civil or criminal court proceedings at any level (e.g., indictment, arrest, trial, etc.)? ___Yes ___No

If yes, please provide the complete details of those proceedings (including dates, circumstances, the jurisdiction where the proceedings occurred, the nature of the accusations, and the result of the proceedings) on a separate sheet of paper.
- 7a. Have accusations of sexual misconduct against you resulted in civil or criminal court proceedings on more than one occasion? ___Yes ___No
- 7b. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? ___Yes ___No

- 8 Please provide three adult references (names, addresses, phone numbers) of persons who are not related to you by blood, marriage or other family relationship and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth, and adults.

Name

Phone

1. _____
2. _____
3. _____

Questionnaire Response Form

(To be signed by all adults who work with children or youth at one or more church programs at Damascus United Methodist Church.)

I verify that the answers I have provided on this Questionnaire are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this Response Form, will result in my being denied the position for which I am being considered, and I will not be allowed to work with children or youth.

Signature

Print Name: _____

Date: _____

Print Name _____ Date _____

Address _____

Email _____

Phone(s) _____

SAFE SANCTUARY COVENANT STATEMENT 2016

The congregation of Damascus United Methodist Church is committed to providing a safe and secure environment for all children and youth, as well as all paid staff and volunteers who participate in children and youth ministries and activities sponsored by the church. The following policy statements reflect our congregation's commitment to preserving this church as a holy place of safety and protection for all who would enter and as a place in which all people can experience the love of God through relationships with others.

1. No paid staff person or volunteer who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) may work with children or youth in any church-sponsored activity.

2. Survivors of child abuse need the love and support of our congregation. Any survivor of child abuse who desires to work as a paid staff person or volunteer in some capacity with children or youth is encouraged to discuss his/her experience with the pastor before accepting an assignment.

3. All paid staff and volunteers involved with children or youth of our church must abide by the Safe Sanctuary Policies and Procedures.

4. All paid staff and volunteers involved with children or youth must attend regular training and educational events provided by the church related to their job or volunteer assignment, including those providing information about church policies and state laws regarding child abuse.

5. All paid staff and volunteers shall immediately report to their supervisor or the pastor any behavior that seems abusive or inappropriate.

Please answer each of the following questions:

1. As a paid staff person or volunteer in this congregation, do you agree to inform the pastor of this congregation if you are convicted of child abuse?
___ Yes ___ No

2. Please answer the following question only if you are a survivor of child abuse. As a paid staff person or volunteer in this congregation, do you agree to discuss with the pastor of this congregation your experience as a survivor of child abuse?

___ Yes ___ No

(Answering yes to this question does not automatically disqualify you from volunteering with children or youth.)

3. As a paid staff person or volunteer, do you agree to observe and abide by the Safe Sanctuary Policies and Procedures?

___ Yes ___ No

4. As a paid staff person or volunteer, do you agree to participate in regular training and educational events provided by the church related to your job or volunteer assignment, including those providing information about church policies and state laws regarding child abuse?

___ Yes ___ No

5. As a paid staff person or volunteer in this congregation, do you agree to promptly report abusive or inappropriate behavior to your supervisor or the pastor?

___ Yes ___ No

I have read this Covenant Statement, and I agree to observe and abide by the policies set forth above.

_____ (age, if under 18) _____
Signature

Print Name: _____

Date: _____

Parent/Guardian signature: _____
(if under 18)

Print Name: _____

Date: _____