



2022

RELEASE OF LIABILITY & CONFIDENTIALITY
Please Print Clearly

DATE \_\_\_\_\_ CIRCLE ONE: Mr. Mrs. Ms. \_\_\_\_\_ Date of birth \_\_\_\_\_
(write in)

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT PERSON & NUMBERS

NAME \_\_\_\_\_ CITY \_\_\_\_\_

#1 CELL \_\_\_\_\_ #2 WORK \_\_\_\_\_

#3 HOME \_\_\_\_\_ Other \_\_\_\_\_

MEDICAL EMERGENCY INFORMATION

Do you have any significant medical history that might require care while volunteering on a Habitat site (i.e. diabetes, seizures, allergic reactions, etc.)?

\_\_\_\_\_

Do you have any allergies? YES \_\_\_ NO \_\_\_ If YES, what? \_\_\_\_\_

Do you carry medications that might need to be utilized during one of the above mentioned medical emergencies?

YES \_\_\_ NO \_\_\_ If YES, what? \_\_\_\_\_

PERSONAL PHYSICIAN INFORMATION

Name of Personal Physician \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Other \_\_\_\_\_

MEDICAL INSURANCE INFORMATION

If you are on Medicare, check here [ ] and go to next page.

Your Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

**Release of Liability:** In consideration for being allowed to participate in BRHFH activities, on behalf of myself and my next of kin, heirs and representatives, I **release from all liability and promise not to sue** BRHFH and its employees, officers, directors, volunteers and agents (collectively "BRHFH") from any and all claims, **including claims of BRHFH's negligence**, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in such activities, including travel to, from and participating in the activity.

I am voluntarily participating in these activities. I am aware of the risks associated with traveling to/from and participating in these activities, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the activity location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in these activities, including travel to, from and participation in the activities.**

I agree to **hold BRHFH harmless** from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in these activities, including travel to, from and participating in the activity. If BRHFH incurs any of these types of expenses, I agree to reimburse BRHFH. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older or, if younger, have the consent of my parent or guardian. **I understand the legal consequences of signing this document, including (a) releasing BRHFH from all liability, (b) promising not to sue BRHFH, (c) and assuming all risks of participating in these activities, including travel to, from and participating in the activities.**

I understand that this document is written to be as broad and inclusive as legally permitted by the Commonwealth of Virginia. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

\_\_\_\_\_  
Printed Name of volunteer

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian if volunteer is under the age of 18

\_\_\_\_\_  
Date

**-Office Use Only-**

**Notations:**

## **Volunteer Code of Conduct, Pledge of Confidentiality and Release of Liability**

**Introduction:** Blue Ridge Habitat for Humanity (BRHFH) is a non-profit organization that mobilizes community resources and trusted partners to enhance people's lives by building and renovating homes. In an effort to maintain the highest standard of ethical conduct by staff, board of director members, committee members, interns and volunteers and to avoid potential and conflicts of interest, BRHFH operates under the following Code of Conduct.

**Code of Conduct:** No volunteer shall:

Accept or seek, on behalf of himself/herself or any other person, any gift, payment or financial advantage or gain of other than nominal value which may be offered as a result of the staff member's or volunteer's affiliation with BRHFH.

Publicly utilize the affiliation of BRHFH in connection with the promotion of partisan politics, matters of specific religious doctrines, or positions on any issue not in conformity with the official position of BRHFH.

Disclose any confidential information that is available as a result of the staff member's or volunteer's affiliation with BRHFH to any person not authorized to receive such information, or use to the disadvantage of BRHFH any such confidential information.

Knowingly take any action or make any statement intended to influence the conduct of BRHFH in such a way as to confer any financial benefit on any person, corporation, or entity in which the individual has a significant interest or affiliation.

Operate or act in a manner contrary to the best interests of BRHFH.

It is a volunteer's obligation to operate in the best interests of BRHFH and should there be conflicts with the interests of any organization in which the individual has a financial interest or affiliation, the individual shall disclose such a conflict of interest to BRHFH's Executive Director upon becoming aware of it, shall absent himself/herself from any deliberations on the subject and shall refrain from participating in any decisions or voting in connection with the matter. Should the volunteer member have a potential or actual conflict of interest, they will notify the Executive Director.

Any matter of question or interpretation that arises relating to these policies should be referred to the Executive Director and/or Board of Directors for decision when appropriate.

**Pledge of Confidentiality:** I, the undersigned, volunteer, recognize the serious and personal nature of this position and committing myself to the discipline required, do hereby promise and covenant that:

- I will disclose information on individuals in the BRHFH program (including employees, donors, volunteers, and those participating in the homeownership process) ONLY as authorized in my position description. I will not release any information about any service recipient without his or her written permission.
- I will share information about donors, volunteers or service recipients ONLY with the BRHFH professional(s) who has a consulting/supervisory function over my work and only as necessary in the course of performing my work duties.
- I will shred or return to BRHFH all documents that contain personal or confidential information about Habitat participants, including name, addresses and phone numbers.
- I understand that failure to abide by this pledge could lead to discipline up to and including termination and the inability to continue to act as a volunteer for BRHFH.

**Photographic Release:** The Volunteer does hereby grant and convey unto Habitat the right to freely reproduce and/or circulate any photographs or other recordings of the Volunteer for any lawful purpose. Volunteer shall not be entitled to any compensation therefore, including, but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.