



# Volunteer Programs Application

<b>Date of Application</b>

(Please complete application/waiver, print and mail or fax to address listed at the bottom. Due to the sensitive nature of the contents, please do not return via e-mail.)

**PART I: A current resume must be attached to this application for it to be processed.**

<b>General Information:</b> <i>Double click on check boxes to mark</i>		<b>Position Applied For:</b>	
I am available from:                    until                    .		Position Number and Job Title	
Willing to serve for: <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 12 <input type="checkbox"/> 24 months		Type of position:	
Some positions may require a specific time commitment.		<input type="checkbox"/> Americus Volunteer Program	
		<input type="checkbox"/> International Volunteer Program -- Special Project	

Personal Data			
First	Middle	Surname(s) / Family Name(s)	
Preferred Name	Fax number	E-Mail Address	
Home Phone Number	Work Phone Number	Mobile Phone Number	For housing assignments:
Best Time to Call:	Best Time to Call:	Best Time to Call:	<input type="checkbox"/> M <input type="checkbox"/> F Date of Birth
Country of Legal Residence	Social Security Number (USA)	Current Occupation	Students specify school, level of study
Passport Number/Country	National ID Number, specify type	Professional license(s)	<b>Please provide copy of current, valid passport for International Volunteer Program or driver's license for Americus Volunteer Program.</b>

Current Mailing Address <i>(All information will be sent to this address unless you notify us of a change)</i>			
Address			
City	State/Province	Postal Code	Country

Emergency Contact Information (Person to contact in case of emergency)			
First	Middle	Surname(s) / Family Name(s)	
Home Phone Number	Work Phone Number	Mobile Phone Number	Relationship of this person to volunteer
Best Time to Call:	Best Time to Call:	Best Time to Call:	

References				
<i>Please list 3 Professional and 1 Personal reference (not related to you).</i>				
Name	Telephone (if non-U.S. include Country code)	E-Mail Address	Nature of relationship	Number of Years Known

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**PART II:**

**Education/Professional Experience/Training (formal and informal)**

*Summarize any training, experience, skills, licenses and/or certificates not listed in your resume that are relevant to the desired position.*

**Areas of interest** (Check up to 4)

<input type="checkbox"/> Campus/Youth Programs	<input type="checkbox"/> Creative Services/Graphics	<input type="checkbox"/> Human Resources/Legal	<input type="checkbox"/> Photography/video Production
<input type="checkbox"/> Construction/Maintenance	<input type="checkbox"/> Finance/Accounting	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Tours/Hospitality
<input type="checkbox"/> Clerical/Phone	<input type="checkbox"/> Fund Raising/Donor Develop	<input type="checkbox"/> Media Relations/Journalism	<input type="checkbox"/> Training

**Computer Skills** (Check the appropriate boxes. Include software titles and years of experience)

Computer Skills	Software Titles	Years	Computer Skills	Software Titles	Years
<input type="checkbox"/> Word Processing			<input type="checkbox"/> E-Mail/Internet		
<input type="checkbox"/> Spreadsheet			<input type="checkbox"/> Acct./Reporting		
<input type="checkbox"/> Presentation			<input type="checkbox"/> Other		

**Construction Skills** (Complete if applying for a construction related position. Indicate skill level)

Construction Skills	Professional	Handy	Unskilled	Construction Skills	Professional	Handy	Unskilled
<input type="checkbox"/> Carpentry				<input type="checkbox"/> Plumbing			
<input type="checkbox"/> Masonry				<input type="checkbox"/> Cabinetry			
<input type="checkbox"/> Electrical				<input type="checkbox"/> Other			

**Language(s)** Please identify your language abilities on a scale of 1 to 5

- Key: 1 understand only basic phrases and conversation (20% understanding of language)  
 2 understand and respond with difficulty (40% understanding of language)  
 3 function on a basic level at home and work (60% understanding of language)  
 4 express and respond to most situations (80% understanding of language)  
 5 express complex thoughts fully and fluently (100% understanding of language)

Language _____	Speaking _____	Listening _____	Reading _____	Writing _____
Language _____	Speaking _____	Listening _____	Reading _____	Writing _____
Language _____	Speaking _____	Listening _____	Reading _____	Writing _____

**Community/Volunteer Activities**

*Please describe any community or volunteer work relevant to the desired position. Attach additional information if necessary.*

Name of Organization	Duties/Achievements
Position Held	
Dates	Number of Work Hours Per Week
Name of Organization	Duties/Achievements

Position Held		
Dates	Number of Work Hours Per Week	

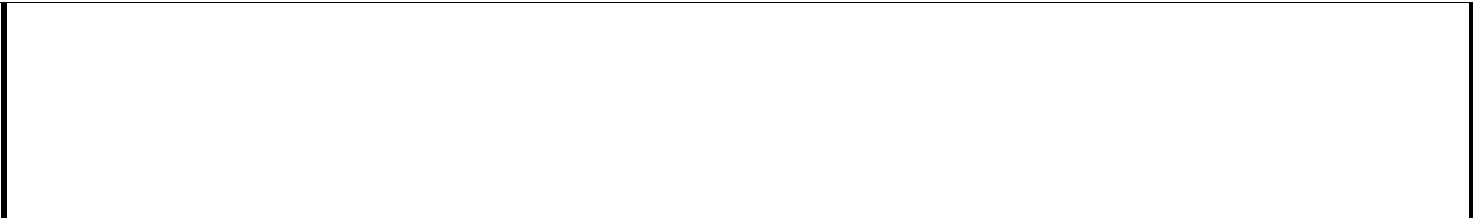
**PART III:**

<b>Questions for all volunteer positions.</b>
Where/how did you hear about Habitat for Humanity International?
Why do you want to volunteer with HFHI?
What are your expectations – both professionally and personally –for this volunteer experience?
Have you applied for work/volunteered for HFH before? If yes, Please explain.
The motivation for our housing ministry is to demonstrate the love and teaching of Jesus Christ. Please tell us what this means to you.
Briefly describe your level of comfort with working with and representing a Christian housing ministry.
Are there any health considerations that might affect your work or placement within HFH? Any special housing requirements? If so, please explain.

**PART IV:**

<b>Additional Information for International Volunteer Program positions.</b>
Please describe your travel experience (domestic/international) including place, length of travel and purpose (study, tourism, professional).
Please give a brief description of your experience in cross-cultural settings.
Are there any countries/projects in which you would prefer not to volunteer? Why?

<b>Additional Information</b> <i>Please write any additional information not covered in this form that will strengthen your application.</i>
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**Please attach a current resume to this application.  
Please provide copy of current, valid passport.**

**PART V:**

**Applicant's Statement**

I understand that I must purchase and provide confirmation of international travel/medical insurance through **MEDEX**, Habitat for Humanity International's preferred carrier, for the entirety of my term of service with the International Volunteer Program.

I give permission to HFHI to contact the references provided.

I certify that the answers I have given in this application are true and complete to the best of my knowledge. I acknowledge that misrepresentation or omission may be the cause for my rejection from volunteer service or may result in my subsequent dismissal if I am accepted.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Name, Printed** \_\_\_\_\_

***Mail completed application and waiver of liability to:***

*International Volunteer Program  
Habitat for Humanity International  
121 Habitat St.  
Americus, Georgia 31709  
USA*

***Fax:*** 267-295-8714  
***E-mail:*** *volunteermobilization@habitat.org*

*For additional information on the International Volunteer Program, visit [www.habitat.org/ivp](http://www.habitat.org/ivp)*



## International Volunteer Program Release and Waiver of Liability

**IMPORTANT: Each participant must have a signed "Release and Waiver of Liability" on file. Please complete this form now in order to be considered. Please print all information in blanks provided.**

### PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, by \_\_\_\_ (the "Volunteer") in favor of HABITAT FOR HUMANITY INTERNATIONAL, INC., a nonprofit corporation organized and existing under the laws of the State of Georgia, USA, its affiliated organizations in other nations, its directors, officers, employees and agents (collectively, "Habitat").

I, the Volunteer, desire to work as an International Volunteer and engage in the activities related to being a volunteer with the International Volunteer Program. I understand that the activities may include but are not limited to, traveling to and from other countries, traveling to and from other cities and towns, consuming food and living in accommodations available or provided in the foreign country(ies) by Habitat, working in the Habitat offices and with the affiliates, constructing and rehabilitating residential buildings, and other construction-related activities.

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

**1. Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work for Habitat.

I understand and acknowledge that this Release discharges Habitat from any liability or claim that I, the Volunteer, may have against Habitat with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in the International Volunteer Program, whether caused by the negligence of Habitat or its directors, officers, employees, or agents or otherwise. I also understand that Habitat does 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 (see insurance requirements below).

**2. Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by Habitat in writing, Habitat does not carry or maintain health, medical or disability insurance coverage for any volunteer. Habitat's International Board of Directors requires all international volunteers to have appropriate Travel insurance, as determined by Habitat in its sole discretion. Insurance is paid for by the Volunteer.

**3. Medical Treatment.** Except as otherwise agreed to by Habitat in writing, I hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with Habitat.

**4. Assumption of the Risk.** I understand that my time with Habitat will include activities that are inherently hazardous, including, but not limited to, construction activities, loading and unloading heavy equipment and materials, and local travel to and from the work sites. I also understand that there is some inherent risk in consuming local foods and living in local accommodations which are available in the country(ies) visited. I further understand that I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, or inclement weather, or other circumstance that could threaten my safety or health. I also understand that, in order to protect its employees and volunteers in all countries around the world, it is Habitat's policy that it will not pay ransom or make any other payments in order to secure the release of hostages.

I hereby expressly and specifically assume the risk of injury or harm in these activities and release Habitat from all liability for injury, illness, death or property damage resulting from the activities of my time with Habitat.

**5. Photographic Release.** I grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during my work for Habitat, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

**6. Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that 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 provisions of this Release which shall continue to be enforceable. To express my understanding of this Release, I sign here with a witness.

**Volunteer:**

Name: (please print) \_\_\_\_\_ Signature \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_

**Witness:**

Name: (please print) \_\_\_\_\_ Signature \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Date \_\_\_\_\_