



# Volunteer Registration & Waiver Form - Minors

## Personal Information

Title: (Mr./Ms.) \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Are you affiliated with a group or organization that is volunteering together for Habitat?  Yes  No Cell Phone (if applicable): \_\_\_\_\_

If so, please name the group: \_\_\_\_\_

Minors under 16 are not permitted to work on the site. Minors under 18 are not permitted to use electrical tools.

Are there any medical conditions which you feel the construction superintendent should be aware? This would include allergies, back problems, mobility limitations, etc.

## Emergency Contact Information

Contact 1: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

### THE FOLLOWING RELEASE AND WAIVER OF LIABILITY MUST BE SIGNED BY A PARENT HAVING LEGAL CUSTODY AND/OR THE LEGAL GUARDIAN OF THE MINOR VOLUNTEER:

This Release and Waiver of Liability (the "Release"), executed on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_, by \_\_\_\_\_, a minor child (the "Volunteer"), and \_\_\_\_\_, the parent having legal custody and/or the legal guardian of the Volunteer (the "Guardian"), in favor of Habitat for Humanity of Trenton, Inc., a nonprofit corporation ("Trenton HFH"), its directors, officers, employees, and agents.

By my signature below, I agree that Habitat for Humanity of Trenton, Inc. and its successors and assigns (Trenton HFH) are not liable for any injuries or illness that my dependent may suffer in connection with any volunteer work for Trenton HFH. Further, I agree that Trenton HFH is not liable for any damage to my property or the Volunteer's property resulting from the Volunteer's work. I hereby waive, release and forever discharge any claim for compensation or liability against Trenton HFH for any such injury, illness or damage to Volunteer's property occurring in connection with volunteer work for Trenton HFH. I agree that this Release is to be as broad and inclusive as permitted by the laws of the State of New Jersey.

PRINTED NAME (GUARDIAN) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please complete & submit this form to the Volunteer Coordinator prior to your first volunteer date.**  
Phone/E-mail: Volunteer Coordinator (609-393-8009 x228 or volunteer@habitatnj.org)  
Office Mailing address: 601 N. Clinton Avenue, Trenton, NJ 08638  
Office Fax: 609-393-5593