



Volunteer Registration Form
Please Print Legibly

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Email: \_\_\_\_\_

Group Affiliation (if any): \_\_\_\_\_

First Time Volunteering with Habitat?: \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

Past Habitat Involvement (if any): \_\_\_\_\_

Reason for volunteering: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Allergies/Medications, Etc: \_\_\_\_\_

Volunteer Interest

(please check all that apply)

Construction Skill Level: (circle one) Professional Experienced Willing to Learn
(more specifically) \_\_\_ Drywall \_\_\_ Plumbing \_\_\_ Painting \_\_\_ Masonry \_\_\_ Framing \_\_\_ Electrical
\_\_\_ Carpentry \_\_\_ Grading/Landscaping \_\_\_ Roofing \_\_\_ General Contractor \_\_\_ HVAC \_\_\_ Siding

ReStore (please check) \_\_\_ Truck Driver/Donation Pick-Ups \_\_\_ Merchandising/Pricing
\_\_\_ ReStore Associate \_\_\_ Cashier \_\_\_ Warehouse/Maintenance

Administration (please check) \_\_\_ Data Entry \_\_\_ Answering Phones \_\_\_ Letters & Mailings

Committees (please check) \_\_\_ Outreach \_\_\_ ReStore \_\_\_ Family Services \_\_\_ Construction
\_\_\_ Philanthropy/Advancement \_\_\_ A Brush with Kindness (ABWK)

Availability: (please check) \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Annually

Please list any special skills or interests that relate to Habitat: \_\_\_\_\_

TURN OVER



## Additional Volunteer Information

In an effort to keep our job and program sites safe,  
please answer the following questions.

Have you ever been convicted of a crime?    Yes    No

If yes, please list your offenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*If you have answered yes to any of the above questions,  
please contact the Program Director (570 322 2515 Ext 303) before you  
participate in any Habitat for Humanity activity.

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## Volunteer Waiver of Liability/Authorization for Medical Treatment/Photographic Release

I understand that Greater Lycoming Habitat for Humanity cannot be held liable for any injuries or illness that I may suffer during my volunteer work. I expressly waive any such claim for compensation or liability on the part of Habitat for Humanity International, Inc. or Greater Lycoming Habitat for Humanity, including board members, committee members and staff, beyond what may be offered freely by the representative of Greater Lycoming Habitat for Humanity, in the event of such injury or medical expense.

In the event a medical emergency should arise, and I should need emergency medical treatment or hospitalization, permission is granted to the leaders of Greater Lycoming Habitat for Humanity to grant authorization for necessary care.

I grant and convey unto Greater Lycoming Habitat for Humanity all right, title and interest in any and all photographic images and video/audio recording made by Greater Lycoming Habitat for Humanity during my volunteer activities.

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## Signature

To express my understanding of and agreement to these releases and that the information provided is correct, I sign here:

**Volunteer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_



## Confidentiality Notice

Volunteers may be exposed to and may have access to confidential information during their volunteer time with Greater Lycoming Habitat for Humanity.

Confidential information is defined as any business information, including to customer names, and company information, including information regarding other employees and financial matters.

Volunteers will not disclose, either directly or indirectly, any confidential information at any time during or after their service term to anyone outside the Affiliate/ReStore or to anyone with in the Affiliate/ReStore not expressly authorized by the Affiliate/ReStore to have access to such confidential information or to use it for any purpose other than Company business at any time without prior express written consent.

Unauthorized disclosure, either intentional or unintentional, may result in legal action.

If you ever have any doubts or questions about confidential information, you should consult with your supervisor(s).

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Volunteer Name (printed)

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Volunteer Signature

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Date

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Supervisor's Signature

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Date

## **GLHFH Video Security Camera Policy**

Greater Lycoming Habitat for Humanity (GLHFH) strives to maintain a safe and secure environment for its staff, volunteers, and customers. In pursuit of this objective, selected areas of the premises are equipped with video cameras that are recording at all times. Signage will be posted at all entrances disclosing this activity. GLHFH video security system shall be used only for the protection and safety of employees, volunteers, customers, assets, property, and to assist law enforcement.

Reasonable efforts shall be made to safeguard the privacy of employees, volunteers, and customers. Video cameras shall not be positioned in areas where there is a reasonable expectation of personal privacy such as restrooms, employee break or changing rooms. The video security cameras will be positioned to record only those areas specified by the director, and will complement other measures to maintain a safe and secure environment in compliance with GLHFH policies. Camera locations shall not be changed or added without the permission of the director. Only the director or employees designated by the director are authorized to operate the video security system. Access to video records shall be limited to authorized employees, who shall only access such records during the course of their regular duties.

GLHFH employees are to review and comply with this policy. Such persons shall not violate any laws relevant to this policy (including, but not limited to, common laws pertaining to privacy rights) in performing their duties and functions related to the video security system. Images from the GLHFH video security system are stored digitally on hardware on site. It is the intent of the GLHFH to retain all recorded images for approximately 7 days. Typically, images will not be routinely monitored in real-time, nor reviewed by GLHFH staff, except when specifically authorized by the director or other authorized employee. Any records produced by the video security system shall be kept in a secure manner, and managed appropriately by GLHFH to protect legal obligations and evidentiary values.

- Video records may be used to identify the person or persons responsible for GLHFH policy violations, criminal activity, or actions considered disruptive to normal operations.
- Video records may be used to assist law enforcement agencies in accordance with applicable state and federal laws upon receipt of a subpoena. The requirement of a subpoena may, however, be waived by the director or authorized employees when appropriate. Video records of incidents can be retained and reviewed as long as considered necessary by the director.

- Video records may be shared with authorized employees when appropriate or, upon approval by the director, other GLHFH staff to identify person(s) suspended from GLHFH property and to maintain a safe, secure and policy-compliant environment.
- Video records may be used, upon authorization by the director, as otherwise allowed by law.
- Only the director and employees designated as Persons In Charge shall be authorized to release any video record to law enforcement. Only the director shall be authorized to release any video record to any third-party other than law enforcement.
- Video records shall not be used or disclosed other than as specifically authorized by this policy.
- Only the director or employees authorized by the director shall operate the video security system.

If you ever have any doubts or questions about confidential information, you should consult with your supervisor(s).

By printing and signing below you are attesting that the Greater Lycoming Habitat for Humanity Video Security Camera Policy was explained to you as presented, any questions were answered and a copy was given to you to obtain for your own records.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_