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www.HabitatPinellas.org

Youth Volunteer Response Form (PRINT CLEARLY)		
Name _____		Date ____/____/____
Address _____		Birthday ____/____/____
City _____		State _____ Zip _____
Phone (H) _____	Email _____	Phone (cell) _____
Age Group <input type="checkbox"/> 14-15 years of age <input type="checkbox"/> 16-17 years of age <input type="checkbox"/> 18-55 years of age <input type="checkbox"/> 55+ years of age		
On-Line User Information (Please provide a Username & Password for our on-line registration system)		
Create a Username _____ Create a Password _____		
Your Waiver of Liability *		
I understand that Habitat for Humanity of Pinellas County, Inc., a contractor, 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 Habitat for Humanity of Pinellas County, Inc. and board members individually, beyond what may be offered freely by the representative of Habitat for Humanity of Pinellas County, Inc., in the event of such injury or medical expense".		
Authorization for Medical Treatment*		
In the event an emergency should arise, and I should need emergency medical treatment or hospitalization, permission is granted to the leaders of Habitat for Humanity of Pinellas County, Inc. to grant authorization for necessary care. List any medications being taken _____		
Any known allergies to drugs, plants, stings, etc. please list _____		
Photographic release*		
I grant and convey unto Habitat for Humanity of Pinellas County, Inc. all right, title and interest in any and all photographic images and video or audio recordings made by Pinellas Habitat for Humanity, Inc. during my volunteer activities.		
Signatures (Not valid unless signed by youth volunteer AND parent or guardian)		
*To express my understanding of this release and waiver, I sign here:		
Signature (volunteer)* _____		
Date _____		
Emergency Contact/Relationship _____ Phone _____		
*For a minor, this release and waiver must be signed by a parent or guardian and by applicant.		
Parent or Guardian Signature: _____ Date: _____		
Please Print Name: _____		