

Volunteer Information Form for volunteers age 18 and older

Rebuilding Together Baltimore 5820 York Road, Suite T300 Baltimore, MD 21212 Phone: 410-889-2710

Fax: 443-586-0785 www.RTBaltimore.org

NAME:			
COMPANY/VOLUNTEER T	EAM (if applicable):		
ADDRESS:		Suite #/Apt. #	PLEASE NOTE: BOTH
CITY:	STATE:	ZIP:	PAGES 1 AND 2 OF
E-MAIL			THIS DOCUMENT MUST BE COMPLETED.
		or cell):	
	pentry * Glazing * HV	AC * Lead Safety * Computer/V	Veb * Occupational Therapist
3) What type of volunteer activi Home Repair on Rebuilding D	ties are you interested in ay * Year Round Home	adicate which:	on
Other:			
	l of a crime? Please do n	ore? ot include traffic violations. (If y	res, please explain the nature of the

Rebuilding Together Important Information:

Volunteer Records

Volunteer applications are kept confidential and used for the purposes of Rebuilding Together Only. Personally identifiable information is not sold or shared with others except as may be required by law.

Confidentiality

Volunteers frequently have access to personal information about the homeowners served by Rebuilding Together. Every volunteer, regardless of his or her position, must consider such information strictly confidential.

Drug/Alcohol Use

Volunteers are prohibited from using or being in the possession of illegal drugs or being under the influence of alcohol while servicing in a volunteer capacity.

Diversity

Volunteers are asked to respect the diversity of our clients (homeowners and their families) and other volunteers by refraining from discrimination against anyone based on religion, race, gender, age, ethnicity, country of origin, or sexual orientation. Volunteers are not permitted to engage in the preaching or teaching of any particular religious or personal beliefs.

Sexual Harassment/Misconduct

Under no circumstances does Rebuilding Together tolerate any form of sexual harassment or behavior that creates an intimidating, hostile, or offensive environment.

Safety and Liability

All volunteers are responsible for their own safety. If a safety incident should arise, it should be reported immediately to a Rebuilding Together board or staff member, in accordance with Rebuilding Together's Incident Reporting Procedures.



VOLUNTEER'S AGREEMENT AND RELEASE FROM LIABILITY

(For volunteers age 18 and above)

- 1. Voluntary Participation: I acknowledge that I am age 18 or older and that I have voluntarily applied to assist in the Rebuilding Together Baltimore Home Repair Project ("Project"), a project in which volunteers repair the homes of disadvantaged persons. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by Rebuilding Together Baltimore, and that I will not be eligible for any Workers Compensation benefits.
- 2. Release: In consideration of the opportunity afforded me to assist in this Project, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against Rebuilding Together Baltimore, or any of its affiliated organizations, or either of their officers or directors collectively or individually, or the supplier of any materials or equipment that is used by the Project, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in the Project. I further consent to the unrestricted use by Rebuilding Together Baltimore, Inc. and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me.

	any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me.						
3.	(check here)	l updates on RTB. tter.					
Al	l sections belo	w must be com	pleted.			PLEASE NOTE: BOTH PAGES 1 AND 2 OF THIS DOCUMENT MUST BE COMPLETED.	
SI	GNED this	day of	(month)	, 20	, in Baltimore,	Maryland.	
Pro	oject name:		_ (and/or) Volunt	eer Team/	Group:		
Volunteer Name (Please Print)			Witness (Please Print)				

Witness Signature

Volunteer Signature