

**2018 Augsburg University Alternative Spring Break  
Volunteer Intake Form**

Laredo, Texas | March 10-17

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

**General Information**

Title (circle one): Mr. Mrs. Ms. Dr. Rev. Other: \_\_\_\_\_

Full Name: \_\_\_\_\_

Preferred Gender Identity: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-shirt size \_\_\_\_\_

Address: \_\_\_\_\_ CB#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you interested in taking the trip for Augsburg Experience? \_\_\_\_\_

- If so, note there will be some extra steps.

**Emergency Contact Information**

*Contact 1*

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Contact 2*

Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Questions**

1. Do you have any previous service trip or volunteer experience? Where and when did you go? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Do you speak Spanish? Are you willing to interpret? \_\_\_\_\_  
\_\_\_\_\_

3. Are there any special dietary needs that you would like the leaders to be aware of?  
(i.e. vegan/vegetarian, food allergies) \_\_\_\_\_  
\_\_\_\_\_

4. Are there any personal needs that you would like the leaders to be aware of? (Note  
all information is kept confidential.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Medical Information**

*The following information could help in the case of an emergency for a hospital or  
medical practitioner not having access to the Volunteer's medical history.*

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Physical Impairment: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Other: \_\_\_\_\_

Personal Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### *Health Insurance Coverage\**

Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### **Registration Final Tasks:**

1. Make a **photocopy of your health insurance card** and attach it with your registration forms. \*If you do not have health insurance, we encourage you to discuss options with staff adviser, Lonna Field [fieldl@augsborg.edu](mailto:fieldl@augsborg.edu)
2. Complete the Release and Waiver of Liability for Adults from Habitat for Humanity of Laredo-Webb County.

3. Please submit completed these completed forms to the Campus Ministry Office, Foss 104, during business hours along with your deposit and acknowledgement signature.

*Acknowledgement of Registration:*

**I have paid my \$100 deposit for the 2018 ASB Trip to Laredo. I understand that if I withdraw from the trip, I will not receive a refund (unless someone replaces my spot) as it covers the expenses of the trip.**

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Signature

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Date

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Print Name



## Release and Waiver of Liability for Adults

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS! PLEASE PRINT CLEARLY**

This Release and Waiver of Liability (the "Release") executed by the undersigned (the "Volunteer") on the date below in favor of Habitat for Humanity International, Inc., a nonprofit corporation, and Habitat for Humanity of Laredo, Inc., a Texas nonprofit corporation, their directors, officers, employees, and agents (collectively, "Habitat").

The Volunteer desires to work as a volunteer for Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, operating tools and equipment, working in the Habitat warehouse & offices, traveling and living in housing provided for volunteers of Habitat. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver:** Volunteer does hereby 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 Volunteer's Activities with Habitat.

Volunteer understands that this Release Discharges Habitat from any liability or claim that the Volunteer may have against Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with Habitat, whether caused by the negligence of Habitat or its officers, directors, employees, or agents or otherwise. Volunteer also understands 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 or illness.

**Medical Treatment:** Volunteer does hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Habitat.

**Assumption of the Risk:** The Volunteer understands that the Activities included work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, operation of equipment and tools, transportation to and from the work sites, and performing errands. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** The Volunteer understands 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.

**Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

**Photographic Release:** Volunteer does hereby 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 the Volunteer's Activities with Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. Volunteer agrees 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.

**NOTE: By signing this form, I state that I am not a registered sex offender. Further, a volunteer may be asked to agree to a background check at any time.**

**IN WITNESS THERE OF, Volunteer has executed this Release as of, Today's Date: \_\_\_/\_\_\_/\_\_\_**

**Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_ Volunteer Signature: \_\_\_\_\_**