

101 Burton St., Flint, 48503 Phone: 810-766-9089 Fax: 810-766-9094
Email: office@geneseehabitat.org

**PERSONAL INFORMATION** (PLEASE PRINT CLEARLY IN ALL CAPS)

Todays Date

Mo Day Year

☐ CHECK HERE IF YOU WOULD LIKE TO BE ON OUR MAILING LIST

[illegible][illegible]

City

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

 State

| | |
|--|--|
| | |
|--|--|

 Zip

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

 -

| | | |
|--|--|--|
| | | |
|--|--|--|

Phone (Home) - -

Birthdate
Mo Day Year

[illegible]

AS THE LEGAL GUARDIAN OF THE ABOVE MINOR-AGED (LESS THAN 18 YEARS OLD) DEPENDENT, I DO HEREBY PROVIDE PERMISSION FOR THIS PERSON TO VOLUNTEER WITH GENESEE COUNTY HABITAT FOR HUMANITY.

Name (Printed): _____ Signature: _____

EMERGENCY CONTACT INFORMATION

In Case of Emergency Contact

[illegible]

Phone (Home) - - Other (Phone) - -

[illegible]

WAIVER OF LIABILITY

TO BE READ AND SIGNED BY ALL PERSONS INTENDING TO DO VOLUNTEER WORK FOR HABITAT FOR HUMANITY

I understand that Genesee County Habitat for Humanity cannot be liable for any injuries or illness that I or my dependents may suffer. I expressly waive any such claim for compensation or liability on the part of Genesee County Habitat for Humanity beyond what may be offered freely by the representative of Genesee County Habitat for Humanity in the event of such injury or medical expense.

Name (Printed): _____ Signature: _____