



## VOLUNTEER CODE OF CONDUCT

### **Work Environment**

As a volunteer with FHFH, you and your fellow volunteers are all impacted by the people you work with and your environment. You represent the heart and soul of FHFH and are the essential part of carrying out our mission. You are our greatest asset. We want the work environment to be one that allows everyone to be a full partner in the mission of FHFH. It is our philosophy that we will invest in our volunteers and will work with you to ensure that you can contribute to FHFH's mission to the fullest extent of your abilities.

The FHFH organizational chart establishes lines of responsibility and authority. It is expected that employees and volunteers will coordinate and cooperate with individuals who have supervisory responsibility over them. Coordination and cooperation includes but is not limited to attendance at staff meetings, anticipating, projects, events and tasks, and to make best use of staff and volunteer time and energy.

### **Dress**

FHFH prides itself on its informal atmosphere. We hope to provide you with a relaxed place to volunteer. This is reflected in our expectations regarding dress. Unless your job requires otherwise, FHFH maintains business casual dress. In addition, FHFH wishes to ensure that its employees and volunteers are not injured on the job. You are expected to dress in clothes that are comfortable and do not pose a safety risk. In particular, you should not wear loose-fitting clothes that could be caught in equipment. If you have long hair, you should tie it back or pin it up. At construction sites you must also wear safety equipment when appropriate, including hard hats, earplugs, back supports, gloves, safety glasses and dust masks.

### **Drug-Free Workplace**

Drug and alcohol use are highly detrimental to the safety and productivity of staff members and volunteers in the workplace. The unlawful manufacture, possession, distribution, dispensation, transfer, purchase, sale, use, or being under the influence of alcoholic beverages or a controlled substance while on FHFH's property, while attending to business-related activities, while on duty, or while operating a vehicle or machine leased or owned by FHFH is strictly prohibited.

You may use physician-prescribed medications, provided that the use of such drugs does not adversely affect your performance or your safety or the safety of other individuals in the workplace. In keeping with FHFH's intent to provide a safe and healthy work environment, smoking is prohibited throughout FHFH workplaces and vehicles in accordance with Chapter 3497 of the Ohio Revised Code.

Violations of any part of the Drug-Free Workplace Policy are a serious offense which may result in termination from the volunteer program. This policy applies equally to employees, volunteers and visitors.

### **Safety**

You and FHFH share the responsibility for establishing and maintaining a safe work environment. FHFH will attempt to ensure a safe work environment and to comply with federal, state, and local safety regulations. FHFH will adhere to all OSHA regulations and to the HFHI Construction Safety Manual and ReStore Safety Manual. If you have an accident that results in injury you must report it to the Executive Director, regardless of how

insignificant the injury may appear. Such reports are necessary to comply with laws and initiate insurance and workers' compensation procedures.

### **Safeguarding:**

Firelands Habitat for Humanity is committed to the highest ethical standards and opposes all forms of exploitation and abuse. FHFH has created and maintains a work environment that is safe, productive and respectful for colleagues. FHFH must prevent and respond to physical or sexual abuse or exploitation, harassment, or bullying of the people in the communities we serve (especially vulnerable adults and children) and the people with whom we work or partner.

### **Internet Use:**

You may utilize the Affiliate's internet including electronic mail for job related functions. Unlawful Internet usage may expose the Affiliate to significant legal liabilities. Discretion is always expected. The Affiliate insists that you respect the copyrights, software licensing rules, property rights, privacy, and prerogatives of others, just as is expected in any other business dealings.

### **Unlawful Harassment and Discrimination**

FHFH expects all employees to behave in a way that reinforces the Christian mission and founding principles of the organization. All employees should be accorded respect and consideration and feel that FHFH provides a safe and productive workplace. FHFH, therefore, prohibits any actions or conduct that may discriminate against or harass other employees. FHFH does not tolerate any actions, words, jokes, or comments based on an individual's sex, sexual preference, race, ethnic background, age, religion, physical condition, or other legally protected characteristic. Any comments or actions which demean or are hurtful to people of a certain sex, sexual preference, race, ethnic background, age, religion or certain physical condition are prohibited. Such conduct may result in disciplinary action, up to and including immediate discharge.

Unacceptable behavior includes, but is not limited to:

- Verbal harassment or abuse with sexual, racial, religious, ethnic or similar overtones.
- Subtle pressure or unwelcome touching of an individual (e.g. patting, pinching, hugging, repeated brushing against another employee or volunteer's body).
- Requesting or demanding sexual favors accompanied by implied (by conduct or words) or overt threats concerning an individual's employment status or promises of preferential treatment.

If you feel that you have been harassed, you should speak to the Executive Director. You may be advised to file a written complaint. If so, you should file the complaint within 7 days after the event occurs. If the Executive Director receives a report of unlawful harassment, he or she must request that the FHFH Board President form an Ad Hoc Committee. The Executive Director will investigate the incident and upon a finding that the harassment has occurred, will deal with the person engaging in the harassment in accordance with FHFH's disciplinary policy. While the investigation is going on, and following the investigation, FHFH will take appropriate steps to ensure that the employee making the complaint is provided with a work environment free of harassment.

### **Disciplinary Procedures**

Like any business or organization, FHFH needs to impose certain work rules in order to ensure that it is effective in carrying out its mission. FHFH seeks to keep its rules to the minimum based on the belief that mature employees know what conduct is expected of them. Generally, when a problem does occur we provide direct and specific guidance or discipline including reprimand, or removal from the volunteer program. The FHFH disciplinary process has five steps. Depending on the severity of the offense as judged by supervisor, an offense could move immediately to removal from the volunteer program.



CODE OF CONDUCT RECEIPT ACKNOWLEDGMENT FORM 17 & UNDER

I, \_\_\_\_\_, acknowledge that I have received the Volunteer Code of Conduct from Firelands Habitat for Humanity, and that I have read and understand it.

**IMPORTANT:** If the Volunteer is less than 18 years of age, all parents or guardians must complete the signature section below. If only one parent or guardian signs these forms on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, that he/she is fully authorized to do so, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

**Name of Volunteer Under 18 Years Old:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF THE ABOVE MINOR:**

I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent, on behalf of the above listed minor child, for him/her to participate in all Activities as set forth in the above Volunteer Agreement, Release and Waiver of Liability, and such terms are incorporated herein. I have read and understand the above Volunteer Agreement, Release and Waiver of Liability, any questions of mine have been answered, and I voluntarily agree to all such provisions. It is my intent to bind my and the minor Volunteer's heirs, next of kin, assigns, and legal representatives. Furthermore, I understand that the above Volunteer Agreement, Release and Waiver of Liability is made on behalf of my minor child(ren) and/or legal wards and I represent and warrant to Habitat for Humanity International, Inc. or its affiliated organizations that I have the full authority to sign this on behalf of such minor(s).

**Parent/Guardian: Name (please print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Witness: Name (please print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Parent/Guardian: Name (please print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Witness: Name (please print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_



**Firelands  
Habitat  
for Humanity®**

**Firelands Habitat for Humanity**  
7602 Milan Rd.  
Sandusky, Ohio 44870  
Phone: 419-621-7818 Fax: 419-621-2294

**VOLUNTEER INFORMATION FORM**

Thank you for your interest in Firelands Habitat for Humanity. The information you provide will help us place you in a volunteer position that best suits your interests and skills as well as the needs of our affiliate.

**Required information is marked with an \*.**

**CONTACT INFORMATION\***

Date of application\* \_\_\_\_\_

Last Name\* \_\_\_\_\_ First Name\* \_\_\_\_\_

Street Address\* \_\_\_\_\_ Apt. #\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Home Telephone\* \_\_\_\_\_ Work or Cell Phone\* \_\_\_\_\_

E-mail Address\* \_\_\_\_\_ Birthday (month & day) \_\_\_\_\_

Emergency Contact\* \_\_\_\_\_  
(Name) (Contact Number)

Age Group: Please note that due to insurance regulations, we cannot accept volunteers less than 16 years of age for construction. However, there are many volunteer opportunities for volunteers 14 years of age and up. Additionally, federal and insurance regulations limit the type of work volunteers less than 18 or over 70 years of age can perform.

Your age: 14-15 years of age    16-17 years of age    18-70 years of age    70+ years of age

**AFFILIATIONS**

1. Are you volunteering as a result of court-ordered community service?    \_\_\_ Yes \_\_\_ No
2. Are you volunteering for a school, service club, or place of employment)?    \_\_\_ Yes \_\_\_ No

If yes, please answer the two questions below:

- a) What school and/or organization prompted your interest in volunteering? \_\_\_\_\_
- b) How many community services hours are needed? \_\_\_\_\_ To be completed by \_\_\_\_\_

**AREAS OF INTEREST**

Please indicate which of the following areas you are interested by marking those areas and/or tasks.

**Construction**

- \_\_\_\_\_ General Construction
- \_\_\_\_\_ Devotions
- \_\_\_\_\_ On Site Vol. Coordinator
- \_\_\_\_\_ Provide Lunch/Snacks

**ReStore**

- \_\_\_\_\_ Delivery/Pick-up
- \_\_\_\_\_ Store Associate
- \_\_\_\_\_ Deconstruction (as needed)

**Office Support**

- \_\_\_\_\_ Accounting
- \_\_\_\_\_ Computer
- \_\_\_\_\_ Mailings
- \_\_\_\_\_ Typing

**Fund Raising**

- \_\_\_\_\_ Solicit Funds
- \_\_\_\_\_ Special Events
- \_\_\_\_\_ Research/Grant Writing

**Committee Work**

- \_\_\_\_\_ Family Selection
- \_\_\_\_\_ Family Mentoring
- \_\_\_\_\_ Church Relations

**HEALTH**

Do you have any physical restrictions that might affect your volunteer placement with Habitat (such as a bad back, hearing or vision problems, etc.)?    \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

(OVER)

**BACKGROUND:\***

Have you ever been convicted of a crime? \_\_\_Yes\_\_\_No How long ago? \_\_\_ It was a: \_\_\_Misdemeanor\_\_\_ Felony  
Have you ever registered as a Sex Offender? \_\_\_Yes\_\_\_No

**AVAILABILITY**

If you have a preference for days and times to volunteer, please note those below:

\_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat  am  pm

Construction sites work on Wednesdays and Saturdays 7:45 a.m. – 2:30 p.m. only. ReStore Days and Hours are: Tuesday – Saturday 10:00 a.m. – 5:00 p.m. Office hours are 9:00 a.m. – 4:00 p.m. Mon.- Fri.

I am also interested in supporting Habitat by:

\_\_\_ Praying for Habitat as it continues its faith journey

\_\_\_ Financial support

\_\_\_ Telling the Habitat story to friends and relatives

\_\_\_ Receiving the newsletter

**COMMENTS**

Please include anything pertinent to your application such as previous related work or volunteer experience(s), physical limitations, referrals, or if you area liaison for any group.

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**Firelands Habitat for Humanity reserves the right to screen all volunteers on the National Sex Offender Registry and perform criminal background checks. By completing this application you are agreeing to such an inquiry.**

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Signature\*

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Date\*

\* Required fields must be completed.



## 2025 MINOR RELEASE & WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") is executed in favor of Firelands Habitat for Humanity, Inc., (Firelands Habitat), Habitat for Humanity International, Inc., and any other Habitat for Humanity affiliated organization, and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties"). I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties and engage in the activities related to being a volunteer ("Activities"). I understand that the activities may include constructing and rehabilitating residential houses and buildings, deconstruction, repairing houses and buildings, working in the Habitat offices, working in the Habitat ReStore, loading and unloading, material, cleaning donations, transportation to and from Habitat work locations, landscaping, consuming food, living in housing provided for volunteers of Habitat and Firelands Habitat for Humanity and other work.

**The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:**

**Release and Waiver.** I, the Volunteer, acknowledge and understand that participation in the Activities may involve certain risks, including, but not limited to, personal injury(ies), bodily injury, illness, permanent disability, property damage, loss and/or death ("Risks"). These Risks include, but are not limited to, exposure to and/or infection with COVID-19 and/or other viruses and/or bacterial infection even in ideal conditions, and despite any and all reasonable efforts made to mitigate such Risks. I further acknowledge and agree that, due to the nature of the Activities, social distancing of six feet per person will not always be possible and that my participation in the Activities may result in an elevated risk of contracting COVID-19 and/or other viruses and/or bacterial infection.

I, the Volunteer, further confirm that prior to engaging in the Activities, I may be required to complete a COVID-19 health screening questionnaire provided by one or more of the Released Parties. I agree that I will answer all questions on the questionnaire truthfully. I agree to not participate in any Activities if, at such time and to the best of my knowledge, I am a carrier of COVID-19 or infected with COVID-19. I further agree to follow all safety precautions outlined by any Released Party while volunteering.

In consideration of and in order to be allowed to participate in the Activities, I do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims, demands, costs and damages of any kind, whether arising from tort, contract or otherwise, which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue, arise from, or are in any way related to my Activities with any of the Released Parties, including but not limited to Risks, whether caused wholly or in part by the simple negligence, fault or other misconduct of any of the Released Parties or of other volunteers, other than their intentional or grossly negligent conduct. In addition, the Released Parties shall have the benefit of any future liability protection for businesses as relating to the COVID-19 pandemic passed by any governmental entity to which the Released Parties are subject.

I understand and acknowledge that by signing this Release I knowingly assume the Risks associated with the Activities. I also understand that the Released Parties do 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, illness, death or property damage. Regarding any illness or virus, including COVID-19, I, the Volunteer, understand that even if I follow all guidelines for the prevention and handling of any illness or virus, including COVID-19, there is still a risk that Volunteer could contract such virus or illness.

**Medical Treatment.** I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties.

**Assumption of the Risk.** I, the Volunteer, understand that my Activities may include work that may be hazardous to me and may also involve exposure to lead, asbestos, and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency. I further understand insurrection, criminal activities, inclement weather or other circumstances that could threaten my health or safety. I, the Volunteer, expressly and specifically assume the risk of injury or harm in the Activities and release Firelands Habitat and Habitat for Humanity from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other 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 Habitat's programs and Activities, 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 States of Ohio, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Volunteer agrees that in the event that any clause 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.

**IMPORTANT:** If the Volunteer is less than 18 years of age, all parents or guardians must complete the signature section below. If only one parent or guardian signs these forms on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, that he/she is fully authorized to do so, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

**Name of Volunteer Under 18 Years Old:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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**Witness: Name (please print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Parent/Guardian: Name (please print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(C)** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Witness: Name (please print):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION FOR THE ABOVE LISTED MINOR VOLUNTEER:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: (H)** \_\_\_\_\_ **(C/W)** \_\_\_\_\_ **E-mail:** \_\_\_\_\_