

RAIH/THRIVENT HABITAT FOR HUMANITY FALL 2020 BUILD VOLUNTEER SIGN-UP INFORMATION



BUILD INFORMATION

Location: 1843 Life Avenue in West Dallas

Dates: Oct 17 through Nov 21 or Dec 12 on Saturdays and Thursdays

No build days: November 26 and 28 (Thanksgiving weekend)

Check-in: 7:45 am

Construction start: 8:00 am

Lunch: 12:00 pm (boxed lunch provided)

Day end: 3:00 pm

What to wear:

- Comfortable clothing which you don't mind getting dirty
- Tennis shoes or other sturdy close-toed shoes, no sandals or flip-flops
- Cloth or surgical face mask(s)

What to bring:

- At least one cloth or surgical face mask (required) to limit the spread of the novel coronavirus
- To stay hydrated, bottled water will be provided, but you can bring a water bottle and/or sports drink
- A boxed lunch will be provided but you are welcome to bring your own food
- Dallas Habitat will provide each volunteer with a bag containing sanitized tools, tool belt, safety glasses and a hard hat; if you prefer using your own, bring them but do not share. Do not bring power tools.
- First-aid kits are on-site; you are responsible for bringing personal items (example: EpiPen)

[NEW] COVID precautions:

- **Maximum 10 volunteers** on the build site, 6-ft physical distancing and face masks
- To manage capacity restrictions, all volunteers must register each day on the build using Dallas Habitat's Volunteer Hub. If you are unable to work after you register, you must cancel in the Hub so that slot can be filled by a volunteer on the 'stand-by' list. (link and directions below)

Age restrictions:

- Under 16: not allowed on the build site until the dedication day
- 16 and 17: allowed to pick up a hammer and build but not operate power tools or get on the roof; must have one adult over 21 per five youth of this age; **parent must sign release form**

REGISTRATION INSTRUCTIONS

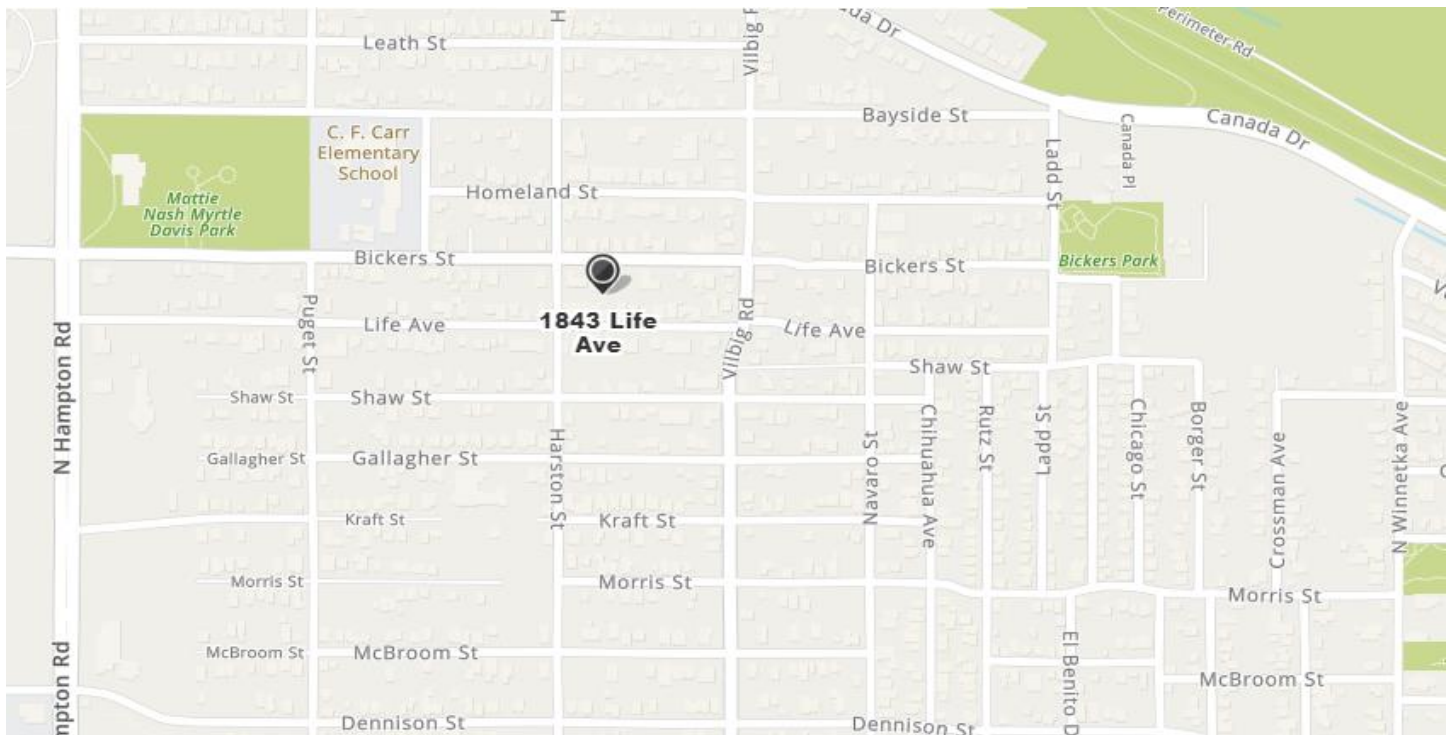
Volunteer slots will be filled first come first served. Login weekly and sign up only for the upcoming week to ensure everyone interested has the opportunity to volunteer.

1. Create account (or login if you already have an account)
 - Go to build day link: <http://vhub.at/RAIHThriventBuild>
 - Click "register"
 - Create a username and password
 - Join Code - skip this step
 - Check event categories that interest you

- Enter your user information (name, email, mobile phone number, home address, birthdate, SMS opt-in, email opt-in, Liability Waiver, Code of Conduct, employer/group, emergency contact information)
 - Confirm all information
2. Register for Event
- Click “SIGN UP” to the right of RAIH & Thrivent Home Build: Day #
 - Review your user information if you have an existing account
 - Click “NEXT”
 - Accept Liability Waiver and click “NEXT”

In the event you do not receive an automatic e-mail confirmation, check your junk mail. If you have any questions about this system, please let Michelle Galizia know at mgalizia@dallas-habitat.org.

1843 LIFE AVENUE, WEST DALLAS



CONTACT INFORMATION

- 1. Ed Murray (972) 301-2794 2. Mike Proch (214) 415-0063**

BUILD DAYS

- Day 1: Saturday, October 17
- Day 2: Thursday, October 22
- Day 3: Saturday, October 24
- Day 4: Thursday, October 29
- Day 5: Saturday, October 31
- Day 6: Thursday, November 5
- Day 7: Saturday, November 7
- Day 8: Thursday, November 12

- Day 9: Saturday, November 14
- Day 10: Thursday, November 19
- Day 11: Saturday, November 21
- Skip Thanksgiving Week
- Day 12: Thursday, December 3
- Day 13: Saturday, December 5
- Day 14: Thursday, December 10
- Day 15: Saturday, December 12

RELEASE FROM LIABILITY, ASSUMPTION OF RISK, AND COVENANT NOT TO SUE AGREEMENT



RELEASE FROM LIABILITY, AND ASSUMPTION OF RISK, AND COVENANT NOT TO SUE AGREEMENT

I, (please print) _____, acknowledge that I have volunteered to participate without pay on the construction site and in other activities with Dallas Area Habitat for Humanity ("DAHfH"), Dallas Texas. I am aware that this construction site may also be a public improvement project sponsored in whole or in part by the City of Dallas. I understand that these activities are not conducted in the course of trade or commerce and do not involve the lease or sale of goods or services. I will never seek compensation from DAHfH or the City of Dallas for these activities.

I am aware that construction is a HAZARDOUS ACTIVITY. I am voluntarily participating in the activities of construction, which include but are not limited to, the construction of residential buildings, loading and unloading materials, painting, finishing, framing, transporting to and from building sites and other related activities with the knowledge of the danger involved and with the knowledge that medical facilities may not be available in the event of illness or injury to myself. I hereby agree to accept any and all risk of injury, illness, or death and verify this statement by placing my signature below.

As consideration for being permitted by DAHfH, and where applicable, by the City of Dallas, to participate in the activities and use DAHfH's tools and facilities, I hereby agree and covenant that I, my assignees, heirs, distributees, guardians, and legal representatives will never file, make any claim, lawsuit, or other proceeding (whether judicial or administrative) against, sue, or touch the property of DAHfH, the City of Dallas and their directors, officers, agents, employees, volunteers, suppliers, contractors, or subcontractors for injury, illness, or damage resulting from my participation in this DAHfH activity. I HEREBY FOREVER RELEASE AND DISCHARGE DAHfH AND THE CITY OF DALLAS FROM ALL KNOWN AND UNKNOWN ACTIONS, CLAIMS, EXPENSES, OR DEMANDS (INCLUDING BUT NOT LIMITED TO ATTORNEYS' FEES AND OTHER LITIGATION-RELATED EXPENSES, NEGLIGENCE CLAIMS AND WRONGFUL DEATH CLAIMS PURSUANT TO TEX. CIV. PRAC. & REM. CODE § 71.021) THAT I, OR MY REPRESENTATIVES, NOW HAVE, OR MAY HEREAFTER HAVE, FOR INJURY, DEATH, OR DAMAGE RESULTING FROM OR RELATED IN ANY WAY TO MY PARTICIPATION IN DAHfH ACTIVITIES (INCLUDING BUT NOT LIMITED TO ACTIONS, CLAIMS, OR DEMANDS RESULTING IN WHOLE OR IN PART FROM THE NEGLIGENCE OF DAHfH, THE CITY OF DALLAS OR THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, SUPPLIERS OR CONTRACTORS, IN BOTH THEIR PUBLIC AND PRIVATE CAPACITIES). THIS RELEASE IS INTENDED BY ALL PARTIES TO BE BROAD IN ITS EFFECT. I UNDERSTAND THAT THIS RELEASE AND DISCHARGE OF LIABILITY INCLUDES ANY AND ALL CLAIMS RELATED TO THE TRANSMISSION OF COVID-19 TO ME OR THOSE WITH WHOM I AM IN CLOSE CONTACT.

I hereby consent to release for possible publication my name and/or photo(s) and/or video images taken by any authorized DAHfH employee or volunteer, or any media representative for news and/or publicity purposes. This may include television, newspaper, magazine article, social media sites (MySpace, Facebook, Twitter, etc.) and/or DAHfH publications (newsletters, flyers, brochures, World Wide Web Page, etc.). I also agree to allow the publication or broadcast of my name in connection with any photo(s) and/or video images taken, and I understand that I will not receive remuneration for my voluntary participation or future use of any photo(s) and/or images of me. I understand that photos and/or videos for the media and/or World Wide Web may be used in publications and/or Web sites outside of DAHfH control.

I further understand the City of Dallas is not in any way responsible for my actions or the actions of the agents or employees of DAHfH. I understand that the City of Dallas has no duties or obligations to provide or implement any safety policy or safety training to the volunteers, including myself, for participation in construction site projects for Dallas Area Habitat for Humanity. I acknowledge that the City of Dallas makes no representations or warranties, express or implied, as to the nature and hazards or absence thereof of participating in these construction activities. I further recognize and agree that while engaging in these activities I will NOT be an agent, servant, or employee of the City of Dallas and will NOT be covered by the City of Dallas for any workers' compensation, death, disability or other benefits typically available to City of Dallas employees.

I have carefully read this Release from Liability and Assumption of Risk Agreement, and I fully understand its contents. I am aware that this is a release of liability and a legal contract between me and DAHfH and that it affects my legal rights. This agreement, along with the COVID-19 Acknowledgements and Agreement, contain the entire understanding of the parties and there are no oral agreements that apply to or are binding concerning my participation. I am signing this document of my own free will.

Participant Signature

Date

Print Name

Emergency Contact Name

E-mail Address

Emergency Contact Phone

Address

Signature of parent or Guardian
if volunteer is under 18

City, State, Zip

Phone

Organization

Please fill out this form completely. Thank you! Dallas Area Habitat for Humanity surveys volunteers via e-mail. If you prefer not to receive these e-mails, please check here _____.

XQNWP VGGT COVID-19 SCREENING QUESTIONNAIRE

The safety of our volunteers is our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking everyone to complete and submit this questionnaire prior to entering the worksite. Please do not enter the worksite until your responses have been reviewed and your entry has been approved.

Please respond to each of the following questions truthfully and to the best of your ability. Your participation is important to help us take precautionary measures to protect you and our other employees.

Name:
Phone Number (mobile/home):
Position:

Representations	
1	<p>Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (<i>Please take your temperature before you answer this question.</i>)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Cough</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Shortness of breath or difficulty breathing</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Sore throat</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> New loss of taste or smell</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Chills</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Head or muscle aches</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Nausea, diarrhea, vomiting</p>
2	<p>In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
3	<p>In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
4	<p>Have you been tested for COVID-19 and are waiting to receive test results?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

5	<p>Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider’s assessment or your symptoms?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>NOTE: If you have tested positive for COVID-19 or have been presumptively positive for COVID-19 based on your health care provider’s assessment or your symptoms, please contact your manager or human resources representative when: (1) you have had no fever for at least 72 hours (3 full days), without the use of fever-reducing medications; (2) your other symptoms have improved; and at least 7 days have elapsed since your symptoms first appeared.</i></p>
6	<p>In the past 14 days, have you been on a commercial flight or traveled outside of the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
7	<p>In the past 14 days, have you been in close proximity to anyone who has been on a commercial flight or traveled outside of the United States?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
8	<p>Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If “yes”, please provide a brief explanation.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Explanation: _____.</p>

Certification

I hereby certify that the responses provided above are true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Note: The information collected on this form will be used to determine only whether you may be infected with COVID-19. The information on this form will be maintained as confidential. Any questions should be directed to Volunteer Services Team or your company representative.

Access to worksite (circle one): Approved Denied