



Section 4-Human Resources-Volunteers-C Volunteer Sign-In Sheet

HABITAT FOR HUMANITY OF _____
VOLUNTEER SIGN-IN SHEET

DATE: _____ BUILD SITE ADDRESS: _____
 HABITAT SUPERVISOR: _____



Photographic release: Unless otherwise indicated, I, the volunteer, grant and convey unto Habitat for Humanity of _____ all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat for Humanity of _____ during my work for Habitat, for any purpose whatsoever - commercial or otherwise - without compensation to me.

Please **PRINT** all information.

Name	Complete mailing address (including city, state, and zip code)	Phone number (including area code)	E-mail address	I am working with a group. <input type="checkbox"/> YES <input type="checkbox"/> NO	My group's name is: (Please put your corporation, congregation or civic group name, i.e. Rotary Club.)	I am here for a:		Don't use my photo
						Half day	Full day	
1.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
2.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
3.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
4.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	

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						Half day	Full day	
5.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
6.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
7.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
8.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
9.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
10.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
11.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
12.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
13.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
14.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
15.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
16.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	

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17.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
18.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
19.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
20.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
21.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
22.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
23.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
24.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
25.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
26.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
27.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	
28.				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/>	<input type="checkbox"/>	