

Habitat for Humanity Japan Domestic Volunteer Consent and Health Declaration

Volunteer Consent

When participating in the volunteer activities in Japan (“volunteering”) that Habitat for Humanity Japan (“Habitat Japan”) organizes or arranges, I agree to abide by the rules below.

1. I, during the volunteering, promise to fully follow all the instructions from Habitat Japan, as well as from the volunteers that are partnered (partner organization) with Habitat Japan and also agree to the safety guidelines regarding the volunteering.
2. I, as a participant for Habitat Japan and a partner organization, will refrain from doing anything that will cause trouble to the partners and individuals related to the volunteering.
3. I fully understand and meet the requirements to take part in this volunteering. In addition, when signing this consent, I will report all problems (health issues, allergies, medical, physical and mental) that might affect the volunteering ahead of time.
4. I understand that Habitat Japan is paying close attention and doing everything to fully secure the safety of all the participants during the volunteering. In case anything unexpected occurs during the volunteering, Habitat Japan, as well as our partner organization will cooperate in dealing with the situation based on our relationship.
5. I, from reading this consent, am aware of the possible injuries, infections, damages, and losses that may occur while working, and still agree to sign. In addition, whenever there is any injury, infection, death, or property damage, I understand that Habitat Japan will not be responsible for providing financial aid or support towards medical, health and physical issues.
6. I understand the details of the volunteer insurance that Habitat Japan is applying to and with the area that it does not cover, I will apply for the appropriate insurance before volunteering on my own responsibility.

7. I will inform Habitat Japan my emergency contact information (parent/guardian's contact information for minors) beforehand so that Habitat Japan can contact during an emergency.
8. I, with this consent, understand and agree to let Habitat Japan manage my personal information that I submitted during application under the Act on the Protection of Personal Information. In addition, in case the government requests the presentation of my personal information during an infection prevention emergency, I will let Habitat Japan will let them present my personal information to the government.
9. I, with this consent, will give all the credits, rights, and profit that Habitat Japan creates from photos, videos and voice recordings that include my portraits and voices to Habitat Japan.
10. I, after meeting the volunteers and the beneficiaries, will never show/ provide the personal information of all the participants and people related to the volunteering to a third party.
11. I, while volunteering, will not take part in any activities related to politics, business, or the spreading of a religion.
12. I, with no force, will willingly sign this consent with my signature.

Volunteer Participant's Signature

Address: _____

Name: _____

Date: _____

Parent/Guardian's Signature (only for senior high school student aged 15 to 18)

Address: _____

Name: _____

Date: _____

***Please fill up the following information on the volunteer day before joining the volunteer activity.**

Personal Information Collection Statement

Purpose of Collection

1. The personal data provided will be used by the Habitat for Humanity Japan for the purpose of preventing the occurrence or spread of an infectious disease or contamination.

Classes of Transferees

2. The personal data you provide may be disclosed to other Government bureaux/departments or relevant parties for the purpose mentioned in paragraph 1 above, if required. Apart from this, the data may only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Act on the Protection of Personal Information.

Health Information

| 1. Do you have any of the following symptoms | Yes | No |
|---|-----|----|
| i) Fever | | |
| ii) Dry cough | | |
| iii) Breathing difficulty | | |
| iv) Shortness of breath | | |
| v) Other, please specify _____ | | |
| 2. Have you been in close in-person contact with a suspected or confirmed COVID-19 patient in the past 14 days? | | |
| 3. Have you or anyone you live with, arrived in Japan from overseas in the past 14 days? | | |

I hereby declare that the above information is true.

Name: _____ Temperature: _____ °C

Signature: _____ Phone Number: _____

Staff: _____ Date: _____

*Leave the "Staff" space above.