

Volunteer Code of Conduct



Becoming a Habitat for Humanity volunteer comes with great rewards and responsibilities. Volunteers like you are Habitat representatives. When you accept a volunteer role with Habitat for Humanity, you are committing to act with the highest standards of ethics, in a way that promotes Habitat's mission, respects the local community, and ensures the safety of every child, vulnerable adult, family who partners with Habitat, community member, volunteer and Habitat staff member. In addition to complying with all applicable laws, regulations and Habitat for Humanity policies, all volunteers are expected to follow the volunteer code of conduct outlined below.

1. Promote a respectful community.

- Treat all people with respect, courtesy and dignity.
- Engage others with cultural humility and contribute to a safe environment that celebrates diversity, practices equity, prioritizes inclusion and promotes belonging.
- Make an effort to understand and honor the local culture and follow all the rules and policies set forth by a Habitat program staff member or supervising volunteer.
- Avoid the use of humiliating, demeaning, offensive, degrading, sexually suggestive or otherwise insensitive language, particularly when engaging with children, vulnerable adults, families who partner with Habitat, community members, volunteers and Habitat employees.
- Do not engage in any form of harassment, including verbal, physical or sexual harassment such as comments, jokes, gestures or looks that are or could be interpreted as inappropriate, or other behaviors that may be unwelcome or result in a hostile and intimidating environment.
- Do not engage in any abuse of power, authority, privilege, position or influence. For example, withholding or restricting access to services, manipulating selection, or targeting processes for those we intend to serve.

2. Protect community members, Habitat representatives and the families who partner with Habitat from harm.

- Do not engage in any behavior, including touching a child or adult, that is or can be interpreted as inappropriate, grooming, harmful or abusive.
- Under no circumstances may volunteers engage in sexual activity with a child (a person under the age of 18, regardless of the legal age of consent and local laws), vulnerable adults, families who partner with Habitat, or community members.
- Do not exchange money, goods, special considerations or services for sex. This includes not procuring commercial sex acts, even where such activities are permitted by local laws.
- Do not meet, spend time alone with or show preferential treatment to any child, vulnerable adult, community member or family who partners with Habitat. A minimum of two adults should be present when interacting with a child. If it is not possible, ensure that you stay visible to others.
- Also, do not invite children, vulnerable adults, families who partner with Habitat, and community members to visit the residence or hotel accommodation; take them in a vehicle; or seek to make contact, visit or spend time with them outside the scope of the Habitat project.

- Volunteers are strongly discouraged from taking photos of children, vulnerable adults, community members or the families who partner with Habitat.
- Volunteers should not use any photos, videos or stories of children, vulnerable adults, community members or the families who partner with Habitat on their personal social media platforms (e.g., LinkedIn, Facebook, Instagram), blogs or vlogs.
- Do not “friend,” direct message — or DM — or connect with children, vulnerable adults, community members or the families who partner with Habitat on any social media or online communication platform.
- Do not share or ask community members (e.g., children or vulnerable adults), families who partner with Habitat, or community volunteers to share personal social media handles.
- Do not use personal devices to communicate or make personal contact with children, vulnerable adults, community members or the families who partner with Habitat via social media or messaging platforms (e.g., WhatsApp, Telegram, Signal, etc.).

3. Prioritize site safety.

- Safety rules and guidelines on the volunteer site (e.g., build sites, Habitat ReStores, offices, etc.) have been created to keep you and others safe as you volunteer and must be followed. Activities that pose a safety risk to yourself or others should be avoided.
- Report any unsafe working conditions to the on-site supervisor.

4. Uphold a zero-tolerance policy for alcohol, drugs and weapons.

- The purchase or possession of drugs or weapons is strictly prohibited on Habitat property and volunteer sites.
- The purchase or possession of alcohol is also strictly prohibited on and in transit to Habitat for Humanity volunteer sites, even if permitted by local laws or by the laws of the volunteer’s home country.

5. Follow the gift-giving policy.

To avoid potential misunderstandings, embarrassment, injured feelings or jealousy, volunteers are asked not to exchange gifts with the family who partners with Habitat or with staff members or community members without consulting the Habitat staff. Volunteers may speak with a staff member about appropriate ways to exchange gifts, and our staff is happy to suggest gifts that will benefit the entire community.

6. Protect Habitat assets.

Use reasonable care to protect all Habitat for Humanity resources. Stealing, misappropriation or diversion of Habitat for Humanity funds, property or other assets for personal benefit is not permitted, nor is otherwise engaging in fraudulent activity regarding Habitat for Humanity’s assets, operations, the families who partner with Habitat, or community members.

7. Maintain confidentiality.

- Build trust with other volunteers and Habitat for Humanity by respecting the confidentiality of volunteers, staff members, children, vulnerable adults, community members and the families who partner with Habitat. Unless you receive prior written approval from Habitat, you will not disclose confidential Habitat for Humanity information or confidential information given to you by others.
- Personal data should not be made publicly available, including on social media. This includes information that directly or indirectly identifies an individual or affirms the physical location (name, location, age, gender, family composition, etc.) of children, vulnerable adults, community members and the families who partner with Habitat.

8. Speak up!

Habitat for Humanity embraces a “see something, say something” culture. If you become aware of potential misconduct or violation of the volunteer code of conduct, help reinforce our culture of courage and accountability by sharing your concerns with appropriate Habitat staff members or supervising volunteers. You can also anonymously report to the confidential [Habitat Ethics and Accountability Line](#), or HEAL.

- I acknowledge that I have read, understand and agree to comply with this volunteer code of conduct.
- I commit to safeguarding the rights and dignities of all people I encounter during my volunteer service with Habitat.
- I understand that I have a responsibility to report any concern, suspicion or known violation of the volunteer code of conduct to appropriate Habitat staff members or supervising volunteers or through [the Habitat Ethics and Accountability Line](#).
- I understand that Habitat for Humanity has the right to release me from my volunteer position in its sole discretion for violation of this volunteer code of conduct. I also understand that I am responsible for any costs that I may incur due to a violation of the code of conduct.

Signed: _____

Date: _____

Name: _____

If the volunteer is a minor (child) :

Signature of parent or guardian: _____

Date: _____

Name of parent or guardian: _____



Written Oath for Volunteer Participation

I solemnly swear that to the best of my ability and judgment, keep and fulfill the following oath upon participating in a volunteer activity (hereinafter referred to as "this activity") of Habitat for Humanity (hereinafter referred to as "Habitat").

1) I will follow Habitat for Humanity Volunteer Code of Conduct and all the instructions and guidance from Habitat throughout this activity.

2) As a participant in this activity, I will behave appropriately and reasonably in the group in support of Habitat and its mission, and refrain from engaging in any acts that may cause trouble to the hosting organizations and/or other parties involved in this activity. Similarly, I will respect local culture, tradition, custom, and regulations of the region where this activity is carried out, and refrain from engaging in any acts which may interfere with successful implementation of this activity as well as other activities of Habitat.

3) I fully understand the requirements for participation in this activity and attest that I fulfill them. I will report, prior to my participation, to Habitat all relevant matters that might affect this activity (e.g. chronic disease, allergy, physical disability and/or trauma, mental disorder, medication, etc.) through the volunteer registration form.

4) I understand that Habitat places the highest priority on the safety of the participants during this activity and makes every possible effort to ensure the safety of the participants. Should an unexpected situation occur, I will fully cooperate with Habitat based on our relationship of mutual trust. In this regard, I will take full responsibility of any damages to my own self (injury, death, disease, loss, etc.) triggered by my own personal actions, which are beyond any management and/or supervision of Habitat. I will also take responsibility about my damage due to my personal actions which are impossible or objectively unreasonable for Habitat to manage or control.

5) During this activity, I will refrain from doing any business or engaging in any religious propaganda and political activities.

6) I hereby warrant that, other than a minor offence under road traffic legislation or for which a non-custodial penalty was imposed, I have not been convicted of any criminal offence in any jurisdiction. I further warrant that I have not been convicted of a criminal offence which is sexual in nature; or that is against or involving a child, minor, mentally incapacitated person or other vulnerable person within the meaning of any legislation, rule, regulation, statutory guidance or under common law, in any jurisdiction. I agree to provide such documentation and to undergo such further background checks to confirm this fact as may be required by Habitat for Humanity in any jurisdiction in which I have resided or spent a significant amount of time, provided it is possible to obtain such documentation or conduct such checks in the relevant jurisdiction. Nothing in this clause is intended to reduce or extinguish my right not to disclose such information in accordance with applicable local law.

Signed: _____ Date: _____

Name: _____

If the volunteer is a minor (child)

Signature of parent or guardian: _____ Date: _____

Name of parent or guardian: _____

Volunteer Agreement, Release and Waiver of Liability ボランティア合意書 権利放棄および免責合意書

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT! The Japanese translation hereof is made available for reference purpose only. The governing language of this legal document shall be English.

本書は法律文書です。よく読み、ご理解いただくようお願い致します。なお、本書は英文を正文とします。各項に併記する邦訳文は、本書の理解を助けるための参考であることをご理解ください。

IMPORTANT: Each participant must have a signed file. Please print all information in blanks provided.

重要: ハビタット・フォー・ヒューマニティが実施するボランティア活動への参加には、この「権利放棄および免責合意書」(以下、「本書」)の提出が必須です。以下の空欄にすべての必要事項を英語で記入し、ご署名ください。

This Release and Waiver of Liability (the "Release") is executed on this _____ day of _____, 20____ by _____, (the "Volunteer"), in favor of Habitat for Humanity Japan, Habitat for Humanity International, Inc. and any other Habitat for Humanity affiliated organization, Habitat for Humanity _____ and their respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers and agents (collectively, the "Released Parties").

本書は、20●●年●月●日に参加者氏名(以下、「参加者」)によって、ハビタット・ジャパン、ハビタット・フォー・ヒューマニティ・インターナショナル、そしてその他該当するハビタット・フォー・ヒューマニティ・訪問先国名、ならびにそれらの関連組織、役員、職員、理事、雇用者、スポンサー、ドナー、ボランティア、代理人(以下、「被免責当事者」と総称)を対象として締結されるものである。

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties without compensation and engage in the activities related to being a volunteer. I understand that my activities may include but are not limited to the following: working at Habitat for Humanity offices and worksites; working in or for Habitat for Humanity ReStore operations; loading and unloading materials; traveling to and from work sites, towns, cities or countries; consuming food available or provided; living in housing provided for volunteers; assisting in disaster relief areas; constructing, repairing, and rehabilitating residential buildings; other construction-related activities; and other in-person and/or online volunteer activities ("Activities").

私、参加者は、ボランティアとして被免責当事者の活動に無償で参加し、ボランティアとして関与を求められる作業(以下、「作業」)に従事することを希望します。私に関わる作業(活動)には、ハビタット・ジャパンの事務所および活動現場での活動、ハビタット「Restore」での活動、資材の搬入・搬出、活動現場となる町や都市、国や自治体(国や市町村等)における、もしくはそれらの間の移動、資材の搬入・搬出、住居等の建築・修繕・再生、その他の建築行為に関連する作業、その他対面もしくはオンラインでのボランティア作業を含む(ただし、それらに限定されない)ことを理解します。

I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, 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.

私、参加者は、私が行う作業には、特定の疾患を引き起こしあるいは悪化させる恐れのある鉛、アスベスト、カビなどの有害物質への接触(特に防護装備を身につけていない場合、長時間接触する場合、免疫系疾患の既往症を持つ場合。ただし、それに限定されない)など、私にとって有害な影響を及ぼす恐れがある作業が含まれることを理解しています。

I also understand there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) or country(ies) visited. I further understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, instability, inclement weather or other circumstances that could threaten my health or safety. I also understand that it is the policy of the Released Parties not to pay ransom or make any other payments to secure the release of hostages.

私、参加者は、訪問先の都市や国での食事や宿泊施設での生活には、それ自体に一定のリスクがあることも理解しています。さらに、テロや戦争、暴動、犯罪行為、不安定な社会情勢、悪天候、その他私の健康や安全を脅かしかねないリスクがある場所への移動、もしくはそこからの移動を行う可能性があることも理解しています。また、人質を解放するための身代金の支払いやその他の支払いに応じないことが、被免責当事者の方針であることを理解しています。

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

私、参加者は、自らの意思によって自発的に、強制されることなく、下記の条件を定める本書に署名します。

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 viruses and/or bacterial infection even in ideal conditions, and despite any and all reasonable efforts made to mitigate such Risks.

権利放棄および免責合意:

私、参加者は、作業には負傷や疾病、後遺障害、損害、損失及び死亡等の(ただしそれらに限らない)リスク(以下、「リスク」)があることを理解し、承諾しています。また、これらのリスクには、理想的な状況下における十分に適切と考えられる緩和措置にもかかわらず、ウイルス、または細菌への接触や感染が含まれることを理解しています。

I, the Volunteer, further confirm that prior to engaging in the Activities, I may be required to complete a 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 I am unwell I further agree to follow all safety precautions outlined by any Released Party while volunteering.

私、参加者は、作業に先立って被免責当事者が準備する健康状態申告書の提出が求められることがあることを確認します。また同書の記入にあたっては全ての項目に誠実に答え、体調不良の疑いがある場合は、参加を控えることに同意します。さらに、作業中は被免責当事者によるすべての安全対策上の指示に従います。

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.

私は、作業に従事するにあたって、契約や不法行為、またはそれ以外に起因しているかどうかに関わらず、全ての被免責当事者との関連で私が行った作業により生じる責任、請求、要求、費用、損害について、被免責当事者や他の参加者の軽微な過失、過誤、失敗に、部分的にまたは全面的に起因していたとしても、故意または重大な過失によるものを除き、私または私の相続人、譲受人、近親者、法定代理人は、その一切の法的権利を放棄し、被免責当事者およびその相続人、継承人またその譲受人を永久に免責します。

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.

私は、この権利放棄および免責合意書に署名するにあたって、作業にはリスクが伴うことを承知しています。また、負傷、罹患、死亡または物的損害に見舞われた際も、被免責当事者には、医療、健康、身体障害に関する保険を含む(ただし、それらに限定されない)経済的な支援やその他の援助を提供する責任や義務は一切ないことを私は理解しています。

I understand and acknowledge that children under the age of 15 are not allowed on Habitat for Humanity worksites while construction is in progress. While minors between the ages of 15 and 18 may be allowed to participate in some types of build site activities, solely as outlined by the Released Parties, I understand that using power tools, excavation, demolition, working on rooftops and similar activities are not permitted for anyone under the age of 18. I agree it is my responsibility to communicate these requirements to any of my minor children who will attend and/or participate in the Activities.

私は、15歳の未成年者が、建築中は、ハビタット・フォー・ヒューマンティの建築現場に入ることは禁止されていることを、理解し承諾しています。私は、15歳以上18歳未満の未成年者は、被免責当事者が決めた通りに、一部の建築現場での作業に参加する事が許可されるかもしれないがその一方で、電動工具の使用、掘削、解体、屋根の上での作業と同様の作業は、18歳未満の未成年者には許可されない事を理解します。私は、作業に参加する予定の当該未成年者にこれらの条件を伝える事は、私の責任である事について合意します。

Consent to Transportation and Medical Treatment. I consent to the use of first aid treatment and the use of generic and over-the-counter medications and treatments as directed by manufacturer labels, whether administered by the Released Parties or first aid personnel. In an emergency, I understand the Released Parties may try to contact the individual whom I declared and registered as an emergency contact to Habitat Japan. If an emergency contact cannot be reached promptly, I hereby authorize the Released Parties to act as an agent for me to consent to any examination, testing, x-rays, medical, dental or surgical treatment for me as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize the Released Parties to arrange for transportation of me as deemed necessary and appropriate in their discretion. I, the Volunteer, do hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand, and action whatsoever brought by me or on my behalf which arises or may hereafter arise on account of any transportation, first aid, assessment, care, treatment, response or service rendered in connection with my Activities with any of the Released Parties.

搬送および医療への同意: 私は、被免責当事者もしくは最初に救急処置を施した人いずれかを問わず、メーカーのラベルに記載されている指示通りに、救急処置、ジェネリック医薬品そして市販薬の使用および処置について、同意します。私は、緊急時に、被免責者は、私がハビタット・ジャパンに参加登録を行った際に緊急連絡先として申告・登録した人物に連絡しようとする可能性がある事を理解します。緊急連絡先に速やかに連絡が取れなかった場合、私は、内科医、歯科医もしくはその他の医療提供者による助言通りに、診察、検査、X線、医療処置、歯科治療もしくは外科的治療を行うことに、私の代理人として同意する権限を被免責当事者に与えます。これには、内科医、歯科医もしくはその他の医療提供者による助言通りに、私の査定、評価、診療そして医療処置、麻酔、入院退院、もしくはその他の医療行為や医療手続きを含みます(ただしそれらに限定されない)。私は、被免責当事者に、必要かつ適切と自由裁量で判断した場合は、私の搬送手続きを行う権限も与えます。私、参加者は、被免責当事者との関係で私が行った作業に関連して提供されるあらゆる搬送、救急処置、査定、介護、医療処置、対応もしくはサービスから生じ、またはその後が生じ得る、そして参加者自身もしくは参加者代理人が提起する、一切の責任、請求、要求、そして訴訟への関与から、永久に被免責当事者を免責すると共に、危害・損失を与えません。

If the Volunteer is less than 18 years of age, the parent(s) having legal custody and/or the legal guardian(s) of the Volunteer also hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand and action whatsoever brought by such volunteer or on his/her behalf which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to transport, administer first aid, and consent to assessment, examination, x-rays, medical, dental, surgical or other such health care treatment as set forth in the Parental Authorization for Treatment of, and Travel With, a Minor Child.

参加者が、署名時に18歳未満の場合、被免責当事者の代表者や代理人が、参加者を搬送、救急処置を施すこと、そして査定、検査、X線、歯科・外科的治療、もしくはその他の医療行為への同意に関して「保護者承諾書」に定められている権限の行使を決定した際、参加者の親権者や法定後見人もまた、それにより生じまたはその後生じ得る、そして当該参加者もしくは参加者代理が提起する、一切の責任、請求、要求、そして訴訟への関与から、永久に被免責当事者を免責すると共に、危害・損失を与えません。

Insurance. I 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, defense costs, 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.

保険：私、参加者は、被免責当事者が別途書面により合意した場合を除き、被免責当事者には、いかなる参加者に対しても、健康保険、医療保険、旅行保険、障害保険、弁護士費用保険、その他の保険を提供、加入、保持する義務を負わないことを理解しています。参加者それぞれが、健康保険、医療保険、旅行保険、障害保険、またはその他の保険に自ら加入することが期待、推奨されます。

I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical or other services obtained for me or my child. I agree that the Released Parties do not assume any responsibility for the payment of such fees or expenses which may be incurred. If I have health insurance, I understand my personal health insurance is my primary coverage.

私、参加者は、私自身もしくは未成年参加者のために発生する、病院、内科医、救急車、歯科・医療もしくはその他のサービスへの支払いに対して責任があり引き続き責任を負うことを理解しています。私は、被免責当事者が、発生する可能性のある上記費用の支払いに対して責任を負わないものとするに合意します。私、参加者が健康保険に加入している場合、参加者自身の健康保険が主として使用されることを理解しています。

Confidentiality. I agree that in the course of my participation in the Activities, I may have access to personal and/or health care information of other persons. I agree to maintain the confidentiality of such information, to use such information only as necessary to do my job as a volunteer, and to comply with Habitat for applicable policies regarding such information.

守秘義務：私は、作業への参加中に、第三者の個人情報もしくはヘルスケア情報にアクセスできることに合意します。私は、該当情報の機密性を保持し、参加者として業務遂行に必要な場合のみ当該情報を利用すること、そして該当情報に関するハビタットの方針を遵守することに合意します。

Photographic/Recording Release. I hereby grant and convey unto the Released Parties all right, title and interest in any and all photographs and video/audio/electronic recordings of me, including as to my name, image and voice, made by or on behalf of any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such materials for any purpose, including fundraising, and to any royalties, proceeds or other benefits derived from them.. I understand that I will not have any ownership interest in or to such photographs, images and/or recordings, I have not been provided or promised any compensation to me, and I

hereby waive any rights, privileges or claims based on any right of publicity, privacy, ownership or any other rights arising, relating to or resulting from the photographs, images and/or recordings. I understand and agree that this paragraph also applies to my minor child(ren) who are volunteering.

写真等/音声記録に関する請求権放棄:私、参加者は、被免責当事者との関係で私が行った作業中に、被免責当事者もしくはその代理人が作成した私自身の名前、肖像や音声に関する、またはそれを一部として含む、すべての写真、映像、音声、電子記録について、資金調達や、それらの使用料や収益、またその他の利益を含めていかなる目的への使用に関する権利について、被免責当事者に一切の権利、権限、利益を与えません。私は上述の写真、映像、音声記録に関するいかなる所有権も保有せず、また私に対していかなる報酬も付与及び約束されないことを理解し、全ての写真、映像、音声記録に関連するまたは生じるパブリシティ権、プライバシー権、所有権等すべての権利に基づく一切の権利及び特権を放棄します。私は、以上の項目が私と共に参加する未成年者にも適用されることを理解し、同意します。

Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by state law. I further agree that in the event any clause or provision of this Release is held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release by a Released Party does not prevent the exercise of any other right.

その他:私、参加者は、現地の法律との関係で許される限りにおいて、本書が広範かつ包括的なものであることに明示的に合意します。また私は、適正な管轄権を有する裁判所が、本書の条項や規定の一部を無効と判断した場合も、それがその他の条項や規定の法的効力に影響を与えないことにも合意します。尚、本書の下での被免責当事者による権利放棄は、その他のいかなる権利の行使を妨げるものではありません。

I have carefully considered my decision, the benefits and risks involved, and hereby give my informed consent to participate in all volunteer Activities. I have read and understand this Release and Waiver of Liability, I acknowledge that any questions of mine have been answered, and I voluntarily agree to the above provisions. It is my intent to bind my heirs, next of kin, assigns and legal representative.

私は、自分の決定、また関連する利益とリスクを慎重に検討し、全てのボランティア作業に参加することに同意いたします。私は本権利放棄および免責合意書を熟読し理解しており、私の質問が全て回答されたことを確認した上で、上記規定に自発的に合意します。私は、私の譲受人、近親者、法定代理人に対して本書の効力が及ぶことを了解しています。

SIGNATURE OF VOLUNTEER

Volunteer Name (please print): _____ Signature: _____
参加者名 (署名以外活字で記載ください) 署名

Address: _____
住所

Date of Birth: _____
生年月日

Witness: Name (please print): _____ Signature: _____
立会人氏名 (署名以外活字で記載ください) 署名

IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must complete the signature section below.

重要:参加者が署名時に18歳未満の場合、親または後見人は、以下の項目に記入、署名する必要があります。

Name of Volunteer Under 18 Years Old 18歳未満の参加者の氏名

Name: _____ Date of Birth: _____
氏名 生年月日

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

上記該当未成年参加者代理契約 親または後見人の署名

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).

私は、自分の決定、また関連する利益とリスクを慎重に検討し、当該未成年参加者が、該当する条件が記載されている本ボランティア合意書、権利放棄および免責合意書に規定される全ての作業に参加することに、上記の未成年者の代理人として同意します。私は、本「ボランティア合意書」および「権利放棄および免責合意書」を熟読して理解しており、私の質問が全て回答されたことを確認した上で、上記全ての規定に自発的に合意します。私は、私の譲受人、近親者、法定代理人に対して効力が及ぶことを了解しています。更に、私は、上記ボランティア同意書、権利放棄および免責合意書は当該未成年者および法的被後見人の代理で作成され、私が、当該未成年者の代理で署名する権限を全面的に有することを、ハビタット・フォー・ヒューマニティ・インターナショナルもしくはその関連組織に対して表明、保証します。

Parent/Guardian Name (please print) : _____ Signature: _____
親または後見人(署名以外活字で記載ください) (署名)

Address: _____
住所

Witness: Name (please print): _____ Signature: _____
立会人氏名(署名以外活字で記載ください) 署名

Parental Authorization for Treatment of, and Travel with, a Minor Child 未成年者治療および旅行に関する保護者承諾書

I, _____, am the parent or legal guardian having custody of _____, a minor child. As such parent or legal guardian, I hereby authorize and appoint _____, an adult in whose care the minor child has been entrusted or a duly authorized agent of Habitat for Humanity International, Inc., as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, _____, concerning my minor child's personal care, medical treatment, hospitalization, and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child's medical records that I have, including the right to disclose the contents to others.

私、保護者氏名 は、未成年者である 参加者氏名 の親権を有する親または後見人です。私は、親権者あるいは後見人として、当該未成年者の監督を委ねられた成人である 成人同伴者氏名 (通常はチームのリーダーか引率者またはハビタット・フォー・ヒューマニティ・インターナショナルによって公式に任命されたその代理人 (通常はチームに同行するハビタット職員) を本書により私の代理人と定め、この者に、私の名の下、私に代わって 参加者氏名 に関する監督や健康管理、医療処置や入退院に関して判断する権限と共に、必要な処置を施すことが求められる場合に、医師免許を有する内科医や外科医の一般的または個別的助言に基づいて当該未成年者に関する一切の医療行為や医療手続 (X線検査、麻酔、医療・外科的診断を含む) を要求、保留、または撤回する権限を委任します。また、代理人は、私と同様に、当該未成年者の医療記録を閲覧し、その内容を必要に応じて他者 (通常は医療関係者等) に開示する権限を有するものとします。

Also, I hereby authorize and appoint my agent to travel with my minor child to _____ (insert location), and consent for my minor child to serve as a volunteer with Habitat for Humanity, and to help construct houses and participate in other activities on a voluntary basis, without compensation.

また、私は、前項で定める代理人に、当該未成年者と 共に 渡航先国名 へ渡航する権限と許可を本書により与えます。さらに、当該未成年者が、ハビタット・フォー・ヒューマニティのボランティアとして活動し、住居の建築やその他の作業に、報酬を求めず自発的に参加することを承諾します。

To express my understanding of and agreement with this Release, I sign here with a witness.

本書の内容を理解し、本書の内容に合意したことを表明するため、私は、証人の立会いの下、ここに署名します。

Parent/Guardian Name (please print) : _____ Signature: _____
親または後見人 (署名以外活字で記載ください) (署名)

Address: _____
住所

Witness: Name (please print): _____ Signature: _____
立会人氏名 (署名以外活字で記載ください) 署名