



*For the safety and comfort of our staff, volunteers, and customers we utilize and enforce a dress code here at the ReStore. This dress code applies to all staff and volunteers in the ReStore.*

***SHOES***

**All shoes must be closed toed. No flip flops, sandals, slippers, crocs, heels, or wedges are allowed. Sneakers and no slip soles are your safest option.**

***PANTS (NO SHORTS)***

**All pants (no shorts) should be free of tears, rips, and holes. All pants must be secured at the waist (i.e., no baggy clothing).**

***SHIRTS/TOPS***

**No tank tops or sleeveless tops will be permitted. No mid-drift or low cut off shirts or blouses will be allowed. Tops will not have inappropriate or offensive words or pictures.**

**We will provide either a shirt or a vest for you to wear while you are here so you can be easily identified by customers.**

***Failure to comply with the dress code will result in you being sent home. Please take into consideration that you are working with customers. Please be clean and groomed. If the person filling out this form is under 18 years of age, a parent or guardian must sign this form as well as the volunteer.***

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature & Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature & Date**

HOMES FOR OUR HEROES



We can all dream! 

1317 George Jenkins Blvd.  
Lakeland, FL 33815

Tel: 863-682-3812  
Fax: 863-802-4809

**“Give a Little. Build a Lot.”**



*These are the policies that you will need to follow during the time you are working with us. These policies are strictly enforced. If you break these rules, you will be asked to leave and not allowed to return.*

1. Be on time and ready to work when you sign in. Do not sign in if you are not ready to work.
2. Wear the proper clothing and shoes required by the dress code you have signed and dated.
3. Absolutely *NO* use of cell phones, iPad, iPod, earphones, Bluetooth, etc. unless on break/lunch.
4. No personal calls are to be made on office phones, but emergencies can be reached at 863-688-4660.
5. No sitting or sleeping on the job unless on break/lunch.
6. You are *NOT* allowed to purchase anything during your working hours. Anything that comes in must be priced for sales to the customers 24 hours before you are permitted to purchase it.
7. No use of inappropriate language.
8. Be *ALWAYS* courteous to customers.
9. Your breaks/lunch will depend on the number of hours you work on a given day. For every 6 hours you work you get a 30-minute break.

*By signing below, you agree that you have read, understand, and accept these rules and regulations. If person filling out this form is under 18 years of age, a parent or legal guardian must sign this form as well as the volunteer.*

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<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
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<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
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**Personnel Emergency Data Form**

**NAME** \_\_\_\_\_

**BIRTH DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER(S)** \_\_\_\_\_

**EMERGENCY CONTACT NAME, ADDRESS, TELEPHONE NUMBER**  
\_\_\_\_\_

**CURRENT MEDICATIONS (IF ANY):** \_\_\_\_\_  
\_\_\_\_\_

**PAST INJURIES, ILLNESSES WE SHOULD KNOW THAT MAY PREVENT YOU FROM A CERTAIN DUTY (S):**  
\_\_\_\_\_  
\_\_\_\_\_

**IF INJURED LIST THE HOSPITAL YOU PREFER TO GO TO AND/ OR A SPECIFIC DR. WE SHOULD CALL IF NEEDED:** \_\_\_\_\_

**IF PERSON FILLING OUT THIS FORM IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM. THIS INFORMATION WILL BE USED IN AN EMERGENCY. IT WILL BE PROVIDED TO EMERGENCY PERSONNEL ONLY AND WILL BE RETAINED UNDER LOCK AND KEY. EMPLOYEES AND VOLUNTEERS ARE ENCOURAGED TO VOLUNTARILY PROVIDE THIS INFORMATION. LAKELAND HABITAT FOR HUMANITY WILL MAKE EVERY EFFORT TO PREVENT UNAUTHORIZED ACCESS TO OR RELEASE OF PROVIDED INFORMATION. IN THE CASE OF AN EMERGENCY, I AUTHORIZE LAKELAND HABITAT FOR HUMANITY TO RELEASE THE ABOVE INFORMATION TO POLICE (ANY OFFICER OF THE LAW) AND FIRE PERSONNEL, AS WELL AS, MEDICAL PERSONNEL.**

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

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

HOMES FOR OUR HEROES



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**MEDIA RELEASE FORM**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK ALL THAT APPLIES:**

*News Release*     *Photographs*     *Video*     *Audio*     *Social Media*

*Or Other (please Specify) )* \_\_\_\_\_

*To be used for the purpose of Lakeland Habitat for Humanity, Inc. Online store, webpage, flyers or brochures. At their discretion, for an indefinite period of time.*

**IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.**

**I, (WE) give permission to Lakeland Habitat for Humanity, Inc. to use my name (or my child’s name), city and state, and / or photograph, videotape, or any likeness for publicity and the use of statements made by or attributed to me (or my child) relating to Habitat for Humanity for this or similar promotions and any and all right to said use without any further compensation. It is my (our) understanding that my signature below releases Lakeland Habitat for Humanity, Inc. from any financial or legal responsibility for the use of this media relations/promotional material(s).**

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

**Signature**

**Date:** \_\_\_\_\_

**Permission Granted: YES or NO** HOMES FOR OUR HEROES



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