



Mission: Connect homeless individuals and those at –risk of becoming homeless services with in Marion and Polk counties thus improving the quality of their lives

Values: Respect, Dignity, Hope, Help, Support

Community Homeless Connect Volunteer Release Form

Name: _____ Day phone: _____
Emergency contact: _____ Day phone: _____

LIABILITY RELEASE & CONFIDENTIALITY STATEMENT - I hereby release, indemnify and hold harmless Mid-Willamette Valley Community Action Agency (MWVCAA) and the Volunteer & Mentor Center of the Mid-Willamette Valley (VMC), and all other organizers, sponsors and supervisors of the event, from any and all liability in connection with any injury (including any injury caused by negligence), in conjunction with the 2010 Community Homeless Connect event on March 23, 2020. I likewise hold harmless from liability any person transporting me to or from the event.

Sharing of personal guest information will be limited to that which will help achieve the purpose of improving outcomes for the guests served at Community Homeless Connect. As a volunteer, I am not to share any personal information about any guest after I leave the event. The unauthorized release of any protected information may make me subject to a civil action for damages.

Signature: _____ Date: _____

COMMUNICATIONS RELEASE – MWVCAA and VMC have my consent and permission to publish, republish or exhibit, with or without identification of me by name, the photographs, videos or statements taken on this day, March 23, 2009, and to issue statements referring to me in conjunction with the 2009 Community Homeless Connect. I also authorize any media, company or other organization to use, publish, republish or exhibit photographs, with or without identification of me by name, and to issue statements referring to me in conjunction with the promotion of MWVCAA or VMC and any of their fundraising campaigns or any other activities.

Signature: _____ Date: _____

PARENTAL CONSENT/RELEASE - If participant is a minor (under 18 years of age), please have the following signed by a parent or legal guardian. If my child is between the ages of 12 and 17, I commit by signing this form that I, as parent or legal guardian, will remain with my child for the duration of the Community Homeless Connect event.

I hereby consent and agree, individually and as a parent or legal guardian of _____ to all the terms and provisions above.

Signature: _____ Date: _____

Name (please print): _____ Relationship to minor: _____

Address: _____