



Help Hope Home

Helping the Homeless in Southern Nevada
www.helphopehome.org



**PROJECT
HOMELESS
CONNECT™**



NEVADA HOMELESS ALLIANCE

**Spring 2008 Southern Nevada Project Homeless Connect
Thursday, April 10, 2008 at Cashman Field Center
SECTION VOLUNTEER APPLICATION**

Please choose a section where you will be volunteering:

Core Services

- Behavioral Health
- Dental
- Employment
- Housing
- Legal/Courts
- Medical
- Social Security
- Social Services
- Teen Services
- Veterans
- Vision
- Youth and Family

Facility Assistance

- Metro/Security
- Set Up
- Teardown

Supportive Services

- Activities for Adults
- Activities for Kids
- Check in
- Check out
- Crisis Team
- Fundraising
- Haircuts
- Information Booth/Lost & Found
- Music/Entertainment
- Outreach
- Pets
- Transportation

Please choose a shift:

- All day: 8:00 am-4:30 pm
- Morning: 8:00 am-1:00 pm
- Afternoon: 12:30-4:30 pm

Volunteer Name

T-Shirt Size (Men's)

Address

City

State

Zip Code

Phone Number

Fax Number

Email Address

Name of Organization

Contact Person for Group

Contact's Phone

Contact's Fax

Contact's Email

THINGS TO REMEMBER:

- The event is Thursday, April 10th from 9:00 am-4:00 pm, with a volunteer rally starting at 8:15 am.
- **PLEASE ARRIVE AT THE EVENT AT LEAST 45 MINUTES BEFORE YOUR SHIFT.**
- Please return the following consent form. You will not be able to volunteer unless you have returned the signed form.

Please sign and return the application by March 27th to Barbara Grostick via bgr@co.clark.nv.us, fax (702) 868-2530. Phone is (702) 455-5719 for questions.



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CONSENT TO PARTICIPATE AND RELEASE LIABILITY

I understand that I am participating in activities related to Project Homeless Connect by my own choice.

I agree to release the Nevada Homeless Alliance from any liability for an injury or illness to me during my participation with Project Homeless Connect. I assume full responsibility for risk of bodily injury or property damage incurred by myself arising either directly or indirectly from my participation in Project Homeless Connect, from any cause whatsoever, whether caused by the Nevada Homeless Alliance's active or passive negligence or otherwise.

I understand this release extends to claims that I do not know or do not expect to exist at the time of signing of this release.

I agree to indemnify, defend and hold harmless the Nevada Homeless Alliance for any liability that may arise as a result of my criminal, willful or fraudulent acts or omissions that occur during my participation in Project Homeless Connect.

I agree to return all forms and data sheets to Project Homeless Connect staff upon completion of my participation in Project Homeless Connect.

OATH OF CONFIDENTIALITY

The Nevada Homeless Alliance respects the privacy and privacy rights of the people we serve.

I understand that:

1. The purpose of gathering and sharing private information between survey and service team members is to improve housing and health outcomes for the clients served at Project Homeless Connect.
2. Sharing of personal client information will be limited to that which will help achieve this purpose.
3. The unauthorized release of any protected health information may make me subject to a civil action for damages. In addition, Federal and State laws protecting information relating to the provision of confidential patient information, including, but not limited to, mental health and substance abuse information may apply. These laws may have additional penalties, including criminal penalties.

CONSENT TO INTERVIEW AND/OR PHOTOGRAPH

I hereby agree that I may be interviewed and/or photographed/videotaped and that the interview and/or photos/videos are obtained with my full knowledge. I understand the interview and/or photos/videos that are obtained can be used for the Nevada Homeless Alliance promotional materials without any compensation of any kind being furnished to me.

I understand and agree to all of the information stated on this page.

Printed Name

Signature

Date

Please sign and return the application by March 27th to Barbara Grostick via bgr@co.clark.nv.us, fax (702) 868-2530. Phone is (702) 455-5719 for questions.