

**Emergency Services Network of Kenosha County  
Kenosha Continuum of Care  
Point-In-Time Outreach Event  
Volunteer Release/Confidentiality/Training Verification Form**

Print First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Agency Affiliation (if any): \_\_\_\_\_

**Release:**

By signing below, I understand that I represent to the Kenosha CoC that I am over the age of 18.

I hereby agree to hold harmless and release the Kenosha CoC; its member organizations, their boards/trustees, employees, volunteers, count organizers; and other participants in the Wisconsin Point-In-Time Count from any liability for any accident, injury or death or any theft or loss of property arising from the participation as a volunteer in the Point-In-Time Count, regardless of whether incurred as a result of negligence or other.

I voluntarily assume these and any other risks in participating in the count and waive all claims and causes of action that may arise out of participation in the count. I have agreed to serve as a volunteer for the Point-In-Time Street Count.

I understand that as a volunteer for the Point-In-Time Count it will be necessary for me to handle and process confidential information. I acknowledge that I will keep all information confidential while a volunteer and that it is my responsibility to keep this information confidential even after I end my volunteer duties for the Point-In-Time Count. I understand that I am not to disclose any identifying confidential information and/or records or to engage in casual or informal conversation identifying any individual involved in the count.

I verify that I have received training about count standards, data collection procedures and protocols for privacy, security and personal safety.

I have read and fully comprehend the information pertained in this form and agree to the terms of this release/verification. By signing below, I acknowledge that it is my responsibility to comply with all relevant laws, policies, and regulations concerning access, use, maintenance and disclosure of information made available to me as a volunteer in the Point-In-Time Count.

\_\_\_\_\_  
**Signature**

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