

Print First and Last Name:	
Address:	
City, State, Zip:	
Phone:	E-mail:
Agency Afflication (if any):	
Release:	
By signing below, I understand that I represent to the Future of Housing Continuum of Care that I am over the age of 18. I hereby agree to hold harmless and release the Future of Housing Continuum of Care; its member organizations, their boards/trusees, 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 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 July 2017 Point-in-Time Count on July 26, 2017. 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 indentifying any individual involved in the count.	
I have read and fully comprehend the information pertained in this form and agree to the terms of this release. 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 avialable to me as a volunteer in the Point-In-Time Count.	
Signature	Date

Please Complete this form and return it to ERIN EVOSEVICH at erinevosevich@newcap.org. NO LATER THAN July 26, 2017 by 4pm.