



VOLUNTEER REGISTRATION FORM

AS A VOLUNTEER WITH PROJECT HOMELESS CONNECT, YOU WILL BE VOLUNTEERING ON A SPECIFIC WORK ASSIGNMENT. PLEASE DO NOT MOVE TO ANOTHER SITE OR CHANGE YOUR ASSIGNMENT WITHOUT PRIOR APPROVAL OR NOTIFYING THE PROJECT HOMELESS CONNECT TEAM LEADERS. AS A VOLUNTEER YOU UNDERSTAND THAT YOU ARE VOLUNTEERING IN EVERY SENSE OF THE WORD WHICH MEANS THIS IS AN UNPAID POSTION. **- PLEASE PRINT CLEARLY -**

CONTACT INFORMATION

Your Name		Phone-Daytime	
Home Mailing Address		Phone-Cell	
City, State, Zip Code			
Email			

Person to contact in the event of an accident or medical emergency:

Name _____ Phone _____

Youth Volunteer: Age _____

HERE'S HOW I CAN HELP!

- GUIDES ARE MOST NEEDED! Guide Guests 1-on-1 through this event !**
- Set-Up Helper - Be on the set-up crew on Thurs June 8
- Clothing Sorter Thurs June 8 and/or work in Clothing Area Fri June 9
- Registration Table - Help with check-in/check-out of guests, volunteers
- Greeter - Direct guests to check-in tables
- Server in Café Connect dining area
- Dining Area Clean-Up - Assist guests in dining area, wipe tables
- Hospitality Server - Bring food & beverages to volunteers & service providers
- Parking/Traffic Attendant
- Janitorial - Empty trash, keep site tidy
- Runner/Delivery Person - Pick-up/deliver items between areas at the event
- Clean-Up Helper - Be on the clean-up crew Fri June 9
- Other _____

SHIFT CHOICES:

- ___ 10:00 am - 12:00 pm
- ___ 12:00 pm - 2:00 pm
- ___ 2:00 pm - 4:00 pm
- ___ 4:00 pm - 6:00 pm
- ___ Other _____

PERSONAL MEDICAL BACKGROUND & INFORMATION (Confidential)

- I consider myself to be physically fit and do not have any apparent medical issues.
- The following medical condition(s) or physical limitations or medications may affect my ability to perform my volunteer duties. I understand it is up to me to request volunteer duties that would be within my abilities. _____

CERTIFICATION OF WAIVER OF LIABILITY, VOLUNTEER AGREEMENT, AND PRIVACY STATEMENT

WAIVER OF LIABILITY

In consideration of the opportunity afforded me to assist on a voluntary basis for this Project Homeless Connect event and in light of the aims and purposes of the community service provided by Project Homeless Connect in organizing this project, I hereby waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against Project Homeless Connect, United Way Volunteer Center, Northwest Montana United Way, Westside CCC, Inc. or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities in this project.

VOLUNTEER AGREEMENT

I agree to: Follow all safety regulations and directions of Project Homeless Connect.
 Report any injuries or accidents to United Way within 24 hours of the incident.

PRIVACY STATEMENT

As a volunteer or individual who is part of the workforce for Project Homeless Connect and the United Way Volunteer Center, you may have access to private information of the people who are receiving services. To ensure that information is used and disclosed in compliance with the HIPAA Privacy Regulation, you are required to read and sign this document.

This statement describes your duties and obligations with regard to personal information. Full compliance with this Privacy Statement is a condition of your volunteering with the United Way Volunteer Center. A copy of your signed statement will be kept on file at the United Way administrative offices.

A. Restrictions On The Use And Disclosure Of Personal Information

As a general matter, an individual's personal information may not be used or disclosed without proper permission. The use of and disclosure of personal information is subject to the restrictions in the HIPAA Privacy Regulation.

B. Penalties And Fines

Penalties and fines can be imposed by HIPAA on anyone who improperly uses or discloses personal information. In addition to penalties and fines, any improper use or disclosure of personal information may subject you to disciplinary action up to and including being removed from your volunteer position.

Certification Of My Understanding And Compliance

Through my initials and signature, I hereby certify that I have carefully read and understand the above statements and agree to abide by their provisions. All of my questions, if any, about this document have been answered. I agree to abide by all the requirements and provisions set forth in these statements.

Initial Each:

_____ Waiver of Liability
_____ Volunteer Agreement
_____ Privacy Statement



Signed this _____ day of _____, 2017

Signature _____

Print Name Clearly _____

Parent's Signature (required for youth under age 18) _____

Witness _____