



**HUNGER &
HOMELESS
COALITION**
OF COLLIER COUNTY

Volunteer Release and Confidentiality Form

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| Name: | |
| Address: | |
| City, State Zip | |
| Phone: | E-mail: |
| Affiliation (if any): | |
| <p>Release:</p> <p><i>By signing below, I understand that I represent the Collier County Continuum of Care and the Collier County Hunger & Homeless Coalition and that I am over the age of 18. I hereby agree to hold harmless and release the Collier County Continuum of Care; its member organizations, their boards/trustees, employees, volunteers, count organizers; and other participants in the Florida Point-In-Time Count 2023 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></p> <p><i>I have agreed to serve as a volunteer for the Florida Point-In-Time Count 2023. 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></p> <p><i>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 available to me as a volunteer in the Point-In-Time Count.</i></p> | |
| <hr style="width: 50%; margin: 0 auto;"/> <p><i>Signature</i></p> | <hr style="width: 50%; margin: 0 auto;"/> <p><i>Date</i></p> |
| <p>Please complete this form and return it to Nadja Joseph at the Collier County Hunger & Homeless Coalition Address: 1791 Trade Center Way Unit D. Naples FL 34109 Phone: 239-263-9363 Email: hmis@collierhomelesscoalition.org</p> | |