



Participant- Volunteer Release and Confidentiality

Thank you for your participation in Project Homeless Connect Norfolk

Volunteer Release

I hereby release, indemnify and hold harmless Project Homeless Connect and the organizer, agencies and supervisors of all its activities (collectively, the "Releases") from and all liability in connection with any injury, death, or property damage to me or others including any injury, death, or property damage caused in whole or in part by negligence of the Releasees, in conjunction with Project Homeless Connect.

I release and hold harmless from liability any person transporting me to or from any Project Homeless Connect activity from any injury, death, or property damage to me or others, including such caused in whole or in part by the negligence of any person transporting me to or from any Project Homeless Connect activity.

I hereby authorize and consent that Project Homeless Connect and the organizers of its activities to copyright, publish, use, sell, or assign any and all photographic portraits or pictures, television spots, movie films, videotapes and/or sound records or any part thereof, they have taken or made of me on this date or in which I may be included in whole or in part, whether separate from or in connection with, illustrative or written manner, story, or news item, motion pictures, televisions, or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my name or in anonymity. I hereby waive any right I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied. I hereby waive all claims for any compensation of such use or for damages.

Confidentiality

All volunteers who have access to personal information have a responsibility by which they are bound to the client, Project Homeless Connect and all its agencies, the community and themselves. Project Homeless Connect clients act in good faith, expecting that their circumstances and personal matters will remain confidential. Thus, we are obliged to honor this trust. Though not all inclusive, the following is presented to provide some guidelines concerning the matter of the confidentiality.

1. No identifying information about Project Homeless Connect clients(names, address, social security numbers, physical disabilities, ect.) should be revealed to anyone outside of the Project Homeless Connect and only to whom the information is necessary for the welfare of the client.
2. Discussing personal circumstances concerning a client, even though names, addresses or social security numbers are not revealed, is also considered a breach of confidentiality. This is, a volunteer might possibly describe in detail personal circumstances and information concerning a client for whom they have produced volunteer services, and even though the name and address is not revealed, this descriptive material may jeopardize the clients right to privacy. Thus, the discussion or description of a client's personal information or circumstances is considered detrimental to the client's right to confidentiality.
3. The fact that a case has been made public through the news media does not alter the fact that the individual still has confidentiality privileges within Project Homeless Connect and all of its agencies. Thus, in this these situations, confidentiality should still be maintained.

All volunteers are asked to sign the following oath to respect the confidentiality of clients for whom they come in contact with through their volunteer services at Project Homeless Connect.

I hereby warrant that I am of full age(18 years old), or if not of full age, that my parent or guardian has given consent and signed below for my volunteer work, and approves this release as signed below.

Return to Angela Korth at Nebraska VR, 1212 W. Benjamin Ave. Norfolk

Signature of Volunteer _____ Parent Signature _____

Print Volunteer Name _____ Date _____

Project Homeless Connect Norfolk Publicity Release Form

- I hereby give permission for my name and/or picture to appear in any media prepared for the purpose of informing the community about Project Homeless Connect(PHC), including, but not limited to brochures, posters, newsletters and fliers. I understand that such material may discuss aspects of the program and/or identify me my name and/or photograph. I realize that some of the activities of PHC may merit publication in newspapers or broadcast on television.

- I hereby give permission for my name only to appear in any media prepared for the purpose of information community about PHC, including, but not limited to brochures, posters, newsletters and fliers. I understand that such material may discuss aspects of the program and/or identify me by name. I realize that some of the activities PHC may merit publication in newspapers or broadcast on television.

- I hereby give permission for my child’s name and/or picture to appear in any media prepared for the purpose of information the community about PHC, including, but not limited to brochures, posters, newsletters and fliers. I understand that such material may discuss aspects of the program and/or identify him/her by name. I realize that some of the activities PHC may merit publication in newspapers or broadcast on television.

- I do not give permission to Project Homeless Connect to use my name and/or image in any media material.

Children’s Names

Participant’s Signature

Date

Signature of Witness

Date