

**Point In Time Homeless Count  
Volunteer Release and Confidentiality Form**

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

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

**Release:**

By signing below, I understand that I represent to the Missouri Balance of State Continuum of Care that I am over the age of 18. I hereby agree to hold harmless and release Missouri Housing Development Commission, the Missouri Balance of State Continuum of Care; their member organizations, their boards/trustees, employees, volunteers, count organizers; and other participants in the Point In Time Homeless 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 Homeless 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 any and all claims and causes of action that may arise out of participation in the count.

I also understand that all information obtained during the count is confidential and is to be only used for the purpose of counting the number of unsheltered persons in our county.

I have read and fully understand the information pertained in this form and agree to the terms of this release.

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

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

Please complete this form and return it to \_\_\_\_\_, Point In Time Homeless Count Leader at \_\_\_\_\_ no later than \_\_\_\_\_.