

## West Central MN Point-in-Time Count Volunteer Agreement

I, \_\_\_\_\_, the undersigned Volunteer, do hereby freely, willfully, and without duress execute this Agreement under the following terms:

By signing below, I understand that I represent the West Central Minnesota Continuum of Care and my local homeless committee or coalition, (herein after Planners) and that I am over the age of 18.

I hereby agree to hold harmless and release the Planners; its member organizations, their boards, employees, volunteers, count organizers; and other participants in the 2026 Point-In-Time Count from any liability for any accident, injury, disability, or death or any theft or loss of property arising from the participation as a Volunteer in the 2026 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 have agreed to serve as a volunteer for the 2026 Point-In-Time Count. 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 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:

- ✓ I hereby release responsibility and forever discharge and hold harmless the Planners for any accidents, illnesses, death, or injuries that result from your participation in the Point-In-Time Count; AND
- ✓ 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.

Volunteer Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_