

## 2019 Point in Time Count

Thursday, January 24, 2019

### Request for Volunteers & Sign-Up Form

Funding from the U.S. Department of Housing and Urban Development (HUD) brings over \$9 million annually to our community for housing programs that serve homeless people. HUD requires communities to conduct a point-in-time count of all sheltered and unsheltered individuals in the community during that last week of January. On behalf of the Columbus and Franklin County Continuum of Care Steering Committee, the Community Shelter Board (CSB) is planning the January count.

In an effort to improve count accuracy, some new approaches will be combined with time-tested strategies to count people in a number of different ways. Street outreach teams across the community will conduct counts of people on downtown streets and at known encampments. Volunteers will conduct counts at soup kitchens and other feeding sites. Magnet events will be held throughout the day at warming stations and other places where people experiencing homelessness congregate. The purpose of the magnet sites is to engage people who have not yet been counted, and to provide a community location for those who do not want their camp locations to become known.

Volunteers will be accepted based on their willingness and ability to participate and the need for volunteers. All volunteers must be 18 years or older and complete a volunteers sign up form and liability waiver.

If interested in volunteering, please complete the attached Volunteer Form and return it to Erin Maus at [emaus@csb.org](mailto:emaus@csb.org) or fax to 614-221-9199 by Monday, January 7, 2019. All forms must be signed.

We greatly appreciate your support of our work and those experiencing homelessness in our community. HUD mandates only those individuals who are experiencing homelessness that complete a survey may be included in our community numbers. If you have questions please contact Erin Maus at (614) 715-2541 or [emaus@csb.org](mailto:emaus@csb.org)

## Volunteer Sign-Up Form

Please complete items 1-3 below, sign and return this form to CSB no later than January 7, 2019

1. Volunteer Information: Please print clearly.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Agency Affiliation (if any) \_\_\_\_\_

2. Which part of the count are you available to participate in? Please mark an X next to your selection.

A. Land Count - Thursday, January 24, 2019, from 4:30 am to 8:00 am. *(Only partner agency staff may register for the Land Count)*

B. Meal Count/Magent Site - Thursday, January 24, 2019 for:

7:30 am - 10:30 am  10:30 am - 3:30 pm  3:30 pm - 7:00 pm

### **3. Release**

In consideration of the opportunity given to me to participate in volunteering with the Community Shelter Board (the "Activity"), I hereby, for myself, my heirs, executors, administrators and assigns, knowingly and voluntarily enter into this release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Community Shelter Board, located at 355 East Campus View Blvd, Suite 250, Columbus, Ohio 43235, its officers, trustees, employees, volunteers, tenants, affiliates, agents and the heirs, executors, successors and assigns of the foregoing from any liability, costs or expenses, for any accident, injury or death or any theft or loss of property that I may suffer arising out of or in connection with my participation in the Activity, including traveling to and from the Activity or any event related to the Activity, whether incurred as a result of negligence or otherwise.

I am voluntarily participating in the Activity, and I am aware of the risks associated with traveling to and from as well as participating in the Activity. In the event that I should require medical care or treatment as a result of participating in the Activity, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I agree to indemnify and hold harmless Community Shelter Board against any and all costs or expenses including attorney's fees and any related costs of any kind whatsoever incurred in connection with litigation brought by me or by anyone on my behalf resulting from my participation in the Activity.

I acknowledge that Community Shelter Board and its officers, trustees, employees, volunteers, tenants, affiliates and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Community Shelter Board as part of or related to the Activity.

I grant Community Shelter Board and its officers, trustees, employees, volunteers, tenants, affiliates and agents the right to take photographs of me and my property in connection with the Activity. I authorize Community Shelter Board, its successors, assigns and transferees to use or publish the same in print and/or electronically and to register the copyright to the photograph. I agree that Community Shelter Board may use such photographs of me with or without my name and with any text or caption and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and web content.

In the event that any damage to equipment or facilities occurs as a result of my willful actions, negligence or recklessness while participating in the Activity, I acknowledge and agree to be fully liable for any and all costs associated with such actions, negligence or recklessness.

I acknowledge and agree that (1) the individuals I am interacting with during the count have a right to privacy, and (2) by signing this release, I have an affirmative obligation and responsibility to maintain confidentiality of all information about individuals obtained or accessed by me in the course of this Activity. I agree not to divulge, publish or otherwise make known to unauthorized persons or to the public any information obtained in the course of the Activity that could identify individuals or their residential status unless I am specifically authorized to do so by Community Shelter Board acting in response to applicable law, court order or a public health or clinical need. I understand that violation of the terms of this paragraph will result in formal complaints and legal action when violations of applicable law occur.

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this release. I certify that I have read this release, and that I fully understand its content. I am aware that this is a full and complete release of liability and a contract, and I am signing it of my own free will.

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Signature

Printed Name

Date