

Lee County Homeless Coalition Census Blitz Volunteer Application



Contact Information

Name	
Street Address	
City, State, ZIP	
Phone	
E-Mail Address	
Place of employment (optional)	

Availability (Last Week of January)

During which hours will you be available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

Interests

Tell us in which locations you're interested in volunteering at

<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Feeding Locations	<input type="checkbox"/> Shelters	<input type="checkbox"/> As needed
<input type="checkbox"/> Labor Pools	<input type="checkbox"/> Woods / Camps	<input type="checkbox"/> Streets	

Person to Notify in Case of Emergency

Name	
Phone	

Agreement and Signature

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK FOR LEE COUNTY HOMELESS COALITION AND LEE COUNTY HUMAN SERVICES PROGRAM/ACTIVITIES. PLEASE READ THIS FORM CAREFULLY.

I indemnify and hold harmless the Homeless Coalition, Lee County, any of its employees and/or agents from any and all claims for my use of County property or participation in any County program. I will further indemnify and "hold harmless" the Homeless Coalition, the County, its employees and/or agents from all costs, expenses and liabilities resulting from any claim brought from my use of County property and/or participation in County programs to the extent of the County's liability under general law.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

Name (printed)			
Signature		Date	