



# HALO VOLUNTEER AGREEMENT

MISSION STATEMENT OF HOMELESS ASSISTANCE LEADERSHIP ORGANIZATION (HALO): HALO IS COMMITTED TO PROVIDING A PATHWAY TO SELF-SUFFICIENCY FOR THOSE EXPERIENCING HOMELESSNESS IN RACINE COUNTY.

THE VISION FOR THE HOMELESS ASSISTANCE LEADERSHIP ORGANIZATION IS THAT ALL HOMELESS INDIVIDUALS AND FAMILIES IN RACINE COUNTY WILL BE PROVIDED EMERGENCY FOOD, CLOTHING, SHELTER, TRANSITIONAL AND PERMANENT HOUSING, AND SUPPORTIVE SERVICES THROUGH A COLLABORATIVE STRUCTURE THAT EFFECTIVELY COORDINATES SERVICES, SHARES INFORMATION, INCREASES FUNDING, AND ELIMINATES DUPLICATION AND GAPS IN SERVICES.

## VALUE STATEMENT

OUR CORE VALUES INFLUENCE HOW WE MAKE DECISIONS, INTERACT WITH PROGRAM PARTICIPANTS, AND TREAT EACH OTHER IN THE WORKPLACE. THESE CORE VALUES ARE RESPECT, INTEGRITY, STEWARDSHIP, AND EXCELLENCE (RISE). THESE CORE VALUES WILL HELP HALO RISE AS AN EXCELLENT ORGANIZATION TO END HOMELESSNESS AND PROVIDE HIGH QUALITY PROGRAMS AND SERVICES FOR THE HOMELESS IN RACINE COUNTY.

AS A VOLUNTEER I AGREE TO THE FOLLOWING:

- TO UPHOLD THE AGENCY'S POLICY OF CONFIDENTIALITY REGARDING THE NAMES AND SITUATIONS OF PEOPLE WHO CALL THE AGENCY IN CRISIS SITUATIONS, RESIDE IN THE SHELTER, AND WHO RECEIVE SERVICES OF ANY KIND OFFERED THROUGH HALO INC.
- I UNDERSTAND THAT ANY VIOLATION OF CONFIDENTIALITY SERIOUSLY INJURES THE PROGRAM'S REPUTATION AND EFFECTIVENESS AND MAY CONSTITUTE CAUSE FOR DISMISSAL UNDER CERTAIN CIRCUMSTANCES.

**PLEASE RETURN COMPLETED APPLICATION TO ANY OF THE FOLLOWING:**

EMAIL: [MSus@HALOINC.org](mailto:MSus@HALOINC.org)

FAX: (262) 633-7374

ATTENTION/MEAGAN SUS

MAIL: HALO ATTENTION/MEAGAN SUS

2000 DEKOVEN AVE

RACINE, WI 53403

**GROUP VOLUNTEER APPLICATION**

**Section I**

Date \_\_\_\_\_

GROUP NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Contact Person**

**Alternate Contact Person**

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Section II**

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How many people can we expect in your group? \_\_\_\_\_

**AVAILABILITY AND VOLUNTEER ASSIGNMENT PREFERENCES, CHECK ALL THAT APPLY:**

**OUR GROUP IS INTERESTED IN:**

- Mornings     Afternoons     Evenings
- Weekends     Weekly     Monthly
- One Time Only     As Needed     Other

- Restoration     Meal Makers     Tutoring
- Adopt a room     Gardening     Other
- Children's Activities     Donation Room

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**MEDIA AND PHOTO RELEASE**

I GRANT TO THE HOMELESS ASSISTANCE LEADERSHIP ORGANIZATION (HALO) AND ANY MEDIA OUTLET PROVIDING COVERAGE OF HALO EVENTS TO TAKE PHOTOGRAPHS, INCLUDING VIDEO, OF ME AND MY MINOR CHILDREN IN CONNECTION WITH THE EVENT. I FURTHER AUTHORIZE HALO TO UTILIZE ANY PHOTO OR VIDEO OF ME OR MY MINOR CHILDREN THAT WERE TAKEN AT THE SHELTER OR IN CONNECTION WITH THE SHELTER OR ANY HOUSING PROGRAMS IT OPERATES, ITS ASSIGNS AND TRANSFEREES TO COPYRIGHT, USE AND PUBLISH THE SAME IN PRINT AND/OR ELECTRONICALLY.

I AGREE THAT HALO, ITS ASSIGNS AND TRANSFEREES MAY USE SUCH PHOTOGRAPHS OR VIDEOS OF ME WITH OR WITHOUT MY NAME AND FOR ANY LAWFUL PURPOSE, INCLUDING FOR EXAMPLE SUCH PURPOSES AS PUBLICITY, ILLUSTRATION, ADVERTISING, AND WEB CONTENT.

I WAIVE THE RIGHT TO CONFIDENTIALITY AS IT RELATES TO PHOTOS, VIDEOS, OR INTERVIEWS FOR THE PURPOSE OF PUBLICITY, ILLUSTRATION, ADVERTISING AND PUBLICATION. THIS IS NOT AN AUTHORIZATION FOR STAFF TO TAKE A PHOTO OR VIDEO FOR A PURPOSE OTHER THAN OFFICIAL HALO BUSINESS.

I HAVE READ AND UNDERSTAND THE ABOVE:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME  
\_\_\_\_\_

**NAMES OF ALL MEMBERS TO WHOM THIS RELEASE APPLIES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



AS A VOLUNTEER OF HALO, INC., I RELEASE HALO, INC. AND ANY OF IT'S OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, LICENSEES, SUBSIDIARIES, CONSULTANTS, INDEPENDENT CONTRACTORS AND AFFILIATES FROM ANY AND ALL LIABILITY FOR PROPERTY DAMAGE, PERSONAL INJURIES OR OTHER CLAIMS ARISING FROM OR IN CONNECTION WITH MY VOLUNTEER ACTIVITIES, INCLUDING CLAIMS THAT ARE KNOWN AND UNKNOWN, FORESEEN AND UNFORESEEN, FUTURE OR CONTINGENT.

FURTHERMORE, I WILL NOT NOW OR AT ANY TIME IN THE FUTURE, DIRECTLY OR INDIRECTLY, COMMENCE OR PROSECUTE ANY ACTION, SUIT OR OTHER PROCEEDING AGAINST HALO, INC., OR ANY OF ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, LICENSEES, SUBSIDIARIES, CONSULTANTS, INDEPENDENT CONTRACTORS AND AFFILIATES, ARISING OUT OF OR RELATING TO MY VOLUNTEER ACTIVITIES AT HALO INC. ANY CAUSES OF ACTION, CLAIMS AND DEMANDS NOW OR IN THE FUTURE ARE HEREBY WAIVED RELEASED AND DISCHARGED BY ME.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS INJURY WAIVER AND GENERAL RELEASE FORM. THIS AGREEMENT WILL BE BINDING ON ME, MY SPOUSE, MY CHILDREN, MY LEGAL REPRESENTATIVES AND MY HEIRS, SUCCESSORS AND ASSIGNS.

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SIGNATURE

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DATE

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PRINTED NAME

**VOLUNTEER NAME(S) TO WHOM THIS RELEASE APPLIES.**

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