



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).

- **Respect:** We value and acknowledge the uniqueness of each person.
- **Integrity:** We value honesty, compassion, responsibility, and behaviors that build trust.
- **Stewardship:** We value our human, financial, and building resources and commit to taking responsibility for ethical and efficient use of those resources.
- **Excellence:** We value quality in work performance and programs and are committed to assuring best practices.

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.

Please return completed application to any of the following:

Email: JFiorita@HALOINC.org

Fax: Attention/Jeanette Fiorita
(262) 498-2348

Mail: HALO
Attention/Jeanette
Fiorita
2000 Dekoven Ave
Racine, WI 53403

Group Volunteer Application

Section I

Date _____

Group Name: _____

Address: _____

Contact Person

Name: _____

Title: _____

Phone: _____ Email: _____

Alternate Contact Person

Name: _____

Title: _____

Phone: _____ Email: _____

Section II

How many people can we expect in your group? _____

Availability and Volunteer Assignment Preferences

Please check all that apply:

I am available: Mornings Afternoons Evenings

Weekends Weekly Monthly

One Time Only As Needed Other

I am interested in: Restoration Meal Makers Assist Staff

Children's Activities Adopt a room Tutoring

Gardening/Groundskeeping Other

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 _____

Contact information (address, 3rd party contact, phone, etc.)

List names of all family members to whom this release applies

Witness:

Name _____ Date _____

Contact information (phone, e-mail or address)



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.

Signature

Date

Printed Name

Volunteer Name(s) to whom this release applies.
