Montgomery County Homeless Resource Day 2014 Volunteer Registration Form

Volunteer with other Montgomery College Students on Thursday, November 13th for the Montgomery County | City of Gaithersburg fourth annual Homeless Resource Day at the Activity Center at Bohrer Park, 506 South Frederick Road, Gaithersburg, Maryland 20877.

Please NOTE: Volunteers are required to complete a brief on-line training. Details will be shared by email.

Why Volunteer? The day is possible due to the help of many volunteers. During Homeless Resource Day, students from Montgomery College, the University of Maryland School of Nursing and community members fill the 300 volunteer slots needed to make the day possible. MC students serve as guides to escort homeless guests through the facility helping them navigate services, vendors and exhibits. Some of the comments last year were: "I think what you people are doing for the homeless is wonderful; I am very thankful, my guide was awesome."

- "People respected my dignity and my guide from the University of Maryland kept me focused."
- "The guide was fabulous; she was extremely helpful and patient."

Complete and return to your campus Student Life Office: GT: SA 186 RV: CC 005 TP/SS: ST 217

First and last name: ___________________________________________ Date of Birth: ___ / ___ / _____

Cell phone: ___________________________ E-mail: ___________________________

I would like to serve: All Day: 7:30am-3:30pm Morning: 7:30am-11:30am Afternoon: 11:30am-3:30pm

Location you will be traveling from: __________________________________________ Street Address __________________________ City/State/Zip Code __________________________

Transportation method (circle one):

Personal vehicle & would give rides (# of seats____) Public Transit Personal vehicle but can't give rides

Languages spoken fluently: __________________________________________

Physical or medical information that may impact planning: __________________________________________

Emergency contact: __________________________________________

Name ___________________________ Cell Phone Number __________________________

If you're serving as part of a course or program, please share that here: __________________________________________

Alcohol and Other Drug Free Policy
Montgomery College events are alcohol and other drug free. As a participant in a campus-sponsored program, you are prohibited from alcohol consumption, tobacco use, or illegal or irresponsible drug use, regardless of age. Adherence to this policy by all involved is essential for a safe and socially-aware experience.

I have read the expectations and policy printed above. I agree to abide by the alcohol and other drug-free policy and to invest the time, energy, and commitment requested of me.

________________________________________________________________________

Signature ___________________________ Date ___________________________

For questions and more information, contact:
Nik Sushka, Service-Learning Coordinator, at 240-567-5261 or nik.sushka@montgomerycollege.edu.

For disabilities inquiries, contact Nik Sushka at 240-567-5261 or Disability Support Services at 301-294-9672 (TTY). Sign language interpreter requests for all campuses, email julie.rogers@montgomerycollege.edu.
RELEASE

THIS IS A RELEASE – READ BEFORE SIGNING

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT (OFF CAMPUS ACTIVITY)

1. In consideration of being permitted to participate in service-learning activities, to be held during the 2014-2015 academic year in various locations, I, the undersigned, hereby in advance RELEASE, WAIVER, FOREVER DISCHARGE, AND COVENANT NOT TO Sue Montgomery Community College, its trustees, employees, and any students acting as such (hereinafter referred to as the RELEASEES), from and against any and all liability for any harm, injury, damage, claims, actions, causes of actions, costs, demand and expenses of any nature whatsoever which I may have or which may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES, or otherwise, while participating in, or while in, on, upon, or in transit to or from the premises where the activity is being conducted.

2. I have signed the RELEASE, WAIVER, DISCHARGED AND COVENANT NOT TO SUE in full recognition and appreciation of the dangers and hazards involved in this activity, which include but are not limited to service-learning activities, travel and other activities. I also know that unanticipated and unexpected dangers may arise during such activities. I FURTHER UNDERSTAND THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING THESE ACTIVITIES AND THAT PARTICIPANTS IN THESE ACTIVITIES OCCASIONALLY SUSTAIN MORTAL OR SERIOUS PERSONAL INJURIES, AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE OR PARTICIPATING IN THESE ACTIVITIES. Knowing the risks of such activities, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above (RELEASEES) who through negligence or carelessness or otherwise might be liable to me (or my heirs or assigns) for damages.

3. I VOLUNTARILY PARTICIPATE IN service-learning activities, AND VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING BUT NOT LIMITED SUFFERING AND/OR DEATH. Whether foreseen or unforeseen, that may be sustained by me, or any loss or damage to property owned by me, as a result of my participation in said activity or any independent research or activities taken as an adjunct thereto, including but not limited to instructions, training, and incidental operations, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise. I understand and agree that RELEASEES assume no responsibilities for any injury or damage which might arise from or in connection in any way with my participating in said activity or any independent research or other activities taken as an adjunct thereto including but not limited to instructions, training, and incidental operations.

4. I understand and agree that RELEASEES do not have medical personnel available at the location of the activity. I understand and agree that RELEASEES are granted permission to authorize emergency medical treatment, if necessary, and that such action by RELEASEES shall be subject to the terms of this agreement. I understand and agree that RELEASEES assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

5. It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I further agree TO SAVE AND HOLD HARMLESS, IDENTIFY AND DEFEND RELEASEES from any claim by me, or my family, arising out of my participation in service-learning activities.

6. I hereby further agree that this agreement shall be construed in accordance with the laws of the State of Maryland.

7. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have fully informed myself of the contents of the foregoing Waiver of Liability and Hold Harmless Agreement by reading it before I sign it, that I understand it and that I sign this document voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made. I further state that I am at least eighteen (18 years of age and fully competent to sign this agreement, and that I execute this Release for full, adequate and complete reconsideration fully intending to be bound by same.) *

8. If any term or provision of this Agreement shall be illegal, unenforceable, or in conflict with any law governing this Agreement, the validity of the remaining portions shall not be affected thereby.

Release executed by (Name of Student – Print) ______________________ to Montgomery College, Montgomery County, Maryland.

IN WITNESS THEREOF, I have executed this release on (Date) ______________________

WITNESS Signature ___________________________ STUDENT/PARTICIPANT Signature ___________________________

* I also grant Montgomery College the right to use my photograph in online and other college publications.
** I also grant Montgomery College to share my email address and name with other students participating in this service.