



COMMUNITY ADVOCATE APPLICATION

First Name: _____ Last Name: _____

Address: _____ DHC Site: _____

Home Phone #: _____ Mobile Phone #: _____

Email Address: _____ Is this an Active Email Address? Yes No

Emergency Contact Name: _____ Relationship: _____ Phone Number: _____

Rules, Liability Waiver & Release Form

The rules within this Waiver and Release Form are designed to protect the welfare of the program for current participants. A participant's personal behavior and actions reflects upon DHC, and the Resident Services Department during all official program activities and sessions of the DHC Resident Services Department, I agree to abide by the following rules/policies:

1. Each participant shall conduct himself/herself in a professional and responsible manner before, during, and after all official program activities and sessions.
2. Each participant is legally and financially liable for the removal, defacing, or willful damage to public or private property. Vandalism, destruction of property, or misuse of a facility may be a crime and will be treated as potential criminal violations.
3. The use of tobacco products, possession and/or consumption of alcoholic beverages (including being under the influence), and the possession or use of legal or illegal drugs not in accordance with a prescription are forbidden during all official program sessions.
4. Weapons of any kind and items that could cause injury or damage to participants and/or property are strictly forbidden during all official program sessions.
5. Any information shared or obtained regarding any other resident will not be shared in any manner and will be considered a violation of privacy which could lead to termination of your position.

All violations of these policies will be brought to the attention of DHC Staff. Delegates in violation will be subject to disciplinary actions at the discretion of DHC Staff, including but not limited to: dismissal from program without reimbursement; and incident report filed. If state or federal law is broken, DHC Staff will notify law enforcement and the participant's emergency contact and the participant will be dismissed from the program. At all times DHC Staff reserve the right to alter disciplinary actions at their discretion. Additionally, I understand that I am personally liable and responsible for my actions during times when official program sessions are not being held, and understand that any actions that violate the policies listed above may result in my dismissal from the program at the discretion of DHC Staff. I release the DHC from all liability, costs and damages that might arise from my personal actions and participation in the program. I hold DHC harmless from all damages to persons or property resulting from my negligent or intentional actions. I further waive liability to DHC for any damages to my person or property resulting from my participation in any DHC event. If I have any minor children who will participate in any DHC event, I further waive any liability and hold DHC harmless from all damages to persons or property resulting from my child(ren)'s negligent or intentional acts and also for damages to my child(ren) or my child(ren)'s property, and will sign a separate permission slip for each child to participate in any DHC event (if applicable).

Participant Name (Print): _____

Participant Signature: _____ Date: _____

PLEASE PROVIDE SHIRT SIZE: (L) (XL) (1X) (2X) (3X) *(Please Circle)*

CAN YOU WORK: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY *(Please Circle All that apply)*

Can you work: 20 hours per month/ 5 hours per week YES NO *(Please Circle)*

DO YOU HAVE A VALID I.D or DRIVER'S LICENSE:

(Please Circle) YES NO

What experience do you bring to perform the position as a Community Advocate? *(Please explain in 75 words or more) (Please Print Clearly)*

VOLUNTEER COMMUNITY ADVOCATE RELEASE

I, _____ agree to serve as a Community Advocate Volunteer at the _____ Apartments/ Homes.

I agree that I will follow all rules and directives given to me by DHC or its agent in conjunction with my role as Community Advocate.

I understand that while acting in the capacity of Community Advocate, I am fully and solely responsible for my behavior and my actions towards other individuals and entities that may be present at the premises. I also understand that I am acting as a volunteer and I agree that I release and hold harmless the Detroit Housing Commission, its successors, assigns, employees and agents from any and all liability, claims and demands, which may arise from the volunteer services I provide while acting as a Community Advocate Volunteer. I understand and acknowledge that this release discharges DHC from any liability or claim that I may have against DHC with respect to bodily injury, personal injury, illness, death or property damage that may result from the services I provide to DHC or occurring while I am providing volunteer services.

Community Advocate Signature

Date