



Fayetteville/Cumberland County
Continuum of Care on Homelessness

NC-511 2019 Point-in-Time Homeless Count (January 30th, 2019) Confidentiality Agreement

I agree to release the City of Fayetteville (City), County of Cumberland (County), and the Fayetteville/Cumberland County Continuum of Care (CoC) on Homelessness and the organizers, agencies and supervisors of all its activities from any liability for any injury or illness to me during my participation with the Point-in-Time (PIT) Homeless Count. I assume full responsibility for risk of bodily injury or property damage incurred by myself arising either directly or indirectly from participation in the Point-in-Time, from any cause whatsoever, whether caused by the City's, County's, or CoC's active or passive negligence or otherwise. However, I understand that if I am an employee of the City or County acting in the course and scope of my employment, I may be entitled to workers' compensation benefits if I am injured during my participation in the PIT.

As a volunteer for the 2019 NC-511 Point-in-Time Homeless Count, I understand that during the course of my participation in the Point-in-Time I will possess confidential information. I agree I will keep all information obtained while serving as a volunteer for the Point-in-Time Homeless Count confidential. My responsibility to maintain this information confidential will continue even after I end my assistance as a volunteer. I understand, and agree, that I am not to disclose identifying confidential information and/or records, or to engage in conversation identifying any individual involved in the count.

By signing this document, I acknowledge that it is my responsibility to comply with the relevant laws, regulations, and policies concerning access, use, maintenance, and disclosure of confidential information and/or records which shall be made available to me as a volunteer of the 2019 Point-In-Time Homeless Count.

I have read the above and understand my responsibilities.

Volunteer's Signature: _____ Date _____

Print Name: _____
First Name M.I. Last Name

Address: _____
Street Apt.

_____ City State Zip

Telephone: _____

All volunteer personal information will remain confidential. Service providers and their volunteers are responsible for complying with this confidentiality agreement.