



ACKNOWLEDGEMENT OF RECEIPT OF FAYETTEVILLE/CUMBERLAND COUNTY CONTINUUM OF CARE ON HOMELESSNESS CELL PHONE AND USER AGREEMENT

Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

Description of Cell Phone Issued (serial #, product #, model #, etc. to be entered): Click or tap here to enter text.

I acknowledge that while I am working with Cumberland HealthNet Coordinated Entry, I will take proper care of the Fayetteville/Cumberland County Continuum of Care on Homelessness cell phone that I am entrusted with. I further understand that upon termination, I will return all said cell phone in proper working order. I understand I may be held financially responsible for the lost or damaged cell phone. I understand that failure to return said cell phone will be considered theft and may lead to criminal prosecution by the Fayetteville/Cumberland County Continuum of Care on Homelessness.

By signing this form, I agree to the following:

- I was issued the cell phone as listed above in the Description of Cell Phone Issued section on the date listed above;
- I am responsible for the cell phone issued to me;
- I will use the cell phone for business purposes only and not for personal use;
- I will be responsible for any damage done, excluding normal wear and tear;
- I will replace any items issued to me that are damaged or lost at my expense;
- I will not make international calls on this cell phone;
- I will not transmit any personal or confidential information using this cell phone;
- I will not store any personal pictures, documents or record any confidential information on the cell phone;
- Fayetteville/Cumberland County Continuum of Care on Homelessness has the right to inspect the cell phone at any time.

Name (Please Print)

Signature

Date