

HELP!

We NEED many Volunteers to help with this event!

Buckner Project Connect

Serving Western Lafayette and Eastern Jackson Counties

Saturday, April 28, 2018

9:00 am to 2:00 pm

The event will be held

at Buckner Elementary School (yes, new location this year!)

13 S. Sibley Street, Buckner, MO

(on the Southeast corner at the Stoplight—Highway 24 at Sibley)



The Health Care Collaborative of Rural Missouri, Live Well Community Health Centers and the Social Services Network Group are excited to partner with the Buckner Ministerial Alliance and Fort Osage School to host a one-day public health service Project Connect event **in Buckner, MO on Saturday, April 28, 2018 from 9:00 am to 2:00 pm.** This 3rd annual event is for underserved and uninsured adults that are in need of being connected to all kinds of services in this one-stop-shop, day of hope! We NEED your help to make the event successful for MANY! **ALL services are provided FREE on this very day!**

We will have dentists to do free dental extractions (no cleanings). There will be free mental health screenings, community health screenings, Veteran's services, free mattresses and sheets, vouchers for driver's licenses, birth certificates, smoke-alarms, manicures, haircuts, free photographs and MORE—ALL on this one day! We hope to have services by 50 to 55 organizations. We want to serve and disseminate information to Guests connecting them to resources that day and raising awareness of what is available for future use. **WE NEED VOLUNTEERS! Most Volunteers will help Guests access those services! Volunteers should plan to show up BY 8:15 am that morning--we will train you before starting! If possible, though, let us know you will be there—send us an e-mail!**

This event is being led by the Ministerial Alliance, the Social Services Committee, the Health Care Collaborative of Rural Missouri, LiveWell Health Clinic and Fort Osage Schools with the help of others in collaboration with many service providers, churches, business people, civic groups, donors, college students and citizens of the area. **Please plan to Volunteer! Also, PLEASE tell neighbors who have needs to come get what they need THAT DAY!**

Please Email, Fax or mail the attached Release as soon as possible to the following. OR, if you have questions OR can Volunteer, please contact Bob Vickers:

Bob Vickers, Health Care Collaborative of Rural MO
825 S. Business 13 Hwy, Lexington, MO 64067

bob.vickers@hccnetwork.org
(660) 251-0523, direct
or fax to (660) 251-0524

Please share this information with other organizations, churches or civic groups that you know serves the Higginsville area! We will serve ANYONE who shows up with NO qualifying! And we still need Volunteers, Service Providers and Donors to make it happen!

Please send us an e-mail if you are able to Volunteer to let us know we can count on you!

VOLUNTEER AND SERVICE PROVIDER ASSUMPTION OF RISK AND RELEASE

This is a release of legal rights—please read and understand before signing.

Program/activity: **Buckner Project Connect—Saturday, April 28, 2018**

Your Name: _____

Address: _____ City, ST Zip: _____

Phone: (_____) _____ Email: _____

Organization (if any): _____

I hereby agree as follows: **Assumption of Risk and Release of Claims:** In consideration of my being allowed to volunteer in the Project Connect event (“Program”), I do hereby acknowledge that I am fully aware of all risks and hazards that may be directly or inherently involved in this Program. With full knowledge of the facts and circumstances surrounding this Program, I, for myself and anyone entitled to act on my behalf, do hereby assume all responsibility and risk from my involvement in the Program, including all risk of property damage, injury, and other hazards to me and hereby waive and release the Social Services Committees, the Planning and Leadership Team, the Fort Osage Schools, the Health Care Collaborative of Rural Missouri, the LiveWell Clinics, the Ministerial Alliance, all participating organizations, Service Providers, Volunteers, Sponsors and donors; their governors/trustees, officers and employees (“Releasee”), from all claims or liabilities of any kind arising out of my participation in this Program.

Health and Safety: There are no health-related reasons or problems, which preclude/restrict my participation in Program. I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I volunteer in the Program. I recognize that the Releasee is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility. If I require medical treatment or hospital care during the Program, the Releasee is not responsible for the cost or quality of such treatment or care.

I do hereby assure the Releasee that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me from my participation in the Program and that I will indemnify and hold the Releasee harmless.

Standards of Conduct: I shall comply with all lawful directions from Leadership Team Members and shall be required to follow all Releasee policy, procedures, rules, standards and instructions. I understand and agree that I serve at the pleasure of the Releasee and that my participation in the Program may be terminated at any time, for any reason or for no reason.

Consideration: I acknowledge that the opportunity to Volunteer in the Program is sufficient consideration for all such service provided to Releasee and that the primary benefit of said Volunteer service is to me and not the Releasee. I hereby waive any rights I may have to compensation for the work performed and any other compensation or remuneration from Releasee such as insurance, vacation, deferred compensation, or overtime.

I have carefully read this Assumption of Risk and Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt by the Releasee and shall be governed by the laws of the State of Missouri, which shall be the forum for any lawsuits filed under or incident to this Release or to the Program.

Signature of Volunteer

Date

Signature of Legal Guardian (if under 18 years old)

Date

Please fax or mail this completed form to Bob ASAP! Fax to (660) 251-0524

OR bring it with you the morning of the Project Connect event—having it will speed the process that morning. . .

We will have your shirt, have you prepare a nametag with *first name only*, wear it and start helping others! **Thank You!**