



## RELEASE AND CONSENT TO USE PERSONAL INFORMATION

To Whom It May Concern:

In exchange for good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent for Houses For Warriors, Inc. to interview me and/or use my photograph, likeness, or other personally identifying information ("Personal Information") in all publications and in all other media, whether now or hereafter existing, controlled by Houses For Warriors, Inc., in perpetuity. I further consent to the use of my Personal Information for advertising, selling, or soliciting purchases of goods, services, or charitable contributions, including but not limited to the use of my Personal Information in newsletters, publications, billboards, promotions, or any other uses deemed necessary by Houses For Warriors, Inc.

I hereby irrevocably authorize Houses For Warriors, Inc., to edit, alter, copy, exhibit, publish, or distribute my Personal Information for purposes of publicizing programs offered by Houses For Warriors, Inc., or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

I acknowledge and agree that any photograph, audio recording, or video recording taken of me by Houses For Warriors, Inc. or their agents, will become the property of the Houses For Warriors, Inc. and will not be returned to me.

I acknowledge and agree that Houses For Warriors, Inc. has no obligation to pay me any additional compensation or give any additional consideration, for the use of my Personal Information, other than that which I have already received.

I hereby hold harmless and release and forever discharge Houses For Warriors, Inc. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this Release.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



**Houses for Warriors– Warrior’s Rights**

- To receive assistance to have basic needs met (i.e., food, clothing and shelter).
- To be treated as a respected member of society.
- To have your personal information protected.
- To understand the rules of your program.
- To be treated fairly.
- To file a grievance.
- To be provided with a safe environment to the best of our ability.

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Warrior Signature

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Date

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Printed Name



### Warrior Code of Conduct

- I understand as a participant in the Cooperative Living that I am responsible for my behavior.
- I will not engage in any inappropriate contact or relationship with any other staff, volunteer, practicum, and participants in the Cooperative Livings.
- I will not use bad language, swear, insult or fight with other people.
- I will refrain from any form of personal abuse towards others, including verbal, physical and emotional abuse.
- I will participate actively in the programs.
- I will try new activities and learn new skills to the best of my ability.
- I will not ask to include my friends, brothers, sisters, or other family member in program activities unless they are so invited.
- I will be on time and dressed appropriately for all program activities, including transportation.
- I will let the Directors of Houses For Warriors know if my plans change and I am unable to keep an appointment or participate in an activity.
- I will not expect the Staff to buy me gifts, give me money or take me on expensive outings.
- I will keep in contact and have open communication with Directors of Houses For Warriors .
- If a problem develops, I will immediately talk to the Directors of Houses For Warriors about it.
- If a problem develops within my family or other circumstances occur that affects my participation in the program, I will contact the Directors of Houses For Warriors immediately.
- I will smoke in the designated smoking area only. The designated smoking area is the back patio.
- I will clean up after myself and will volunteer to help maintain the cleanliness and sanitation of the house.
- I agree to follow all established rules and guidelines of Houses For Warriors, Inc.

I have read and agree to abide by Warrior House Code of Conduct. I understand that if I violate this Code of Conduct, I will be subject to a range of consequences, up to and including being prohibited from participating in any activities or programs of Houses For Warriors.

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Warrior Signature

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Date

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Printed Name



## The Ten Commitments

These are the commitments you need to make to discovering who you are, and to become who you want to be. We only **encourage** you to make these commitments to yourself, for your life and only you can hold yourself accountable- through your actions and choices every day.

Know Myself

Change & Accountability

Finish & Follow Through

No New Relationships

Communication

Higher Standards

Substance Free

Being Positive

Active in Action

Gaining Employment & Housing

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Warrior Signature

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Date

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Printed Name



## WARRIOR RELEASE STATEMENT

I, \_\_\_\_\_, understand that my acceptance as a Warrior in Cooperative Living by Houses for Warriors, Inc. requires the following:

1. I am a volunteer participant and not an employee of Cooperative Living or any of its affiliates. I further understand that under no circumstances can HOUSES FOR WARRIORS or any of its affiliates be under any obligation to me.
2. I understand that my admission and continued residence in the Cooperative Living is dependent upon my needing such assistance and my willingness to help myself and others so situated, including the voluntary performance of such duties as may be assigned to me.
3. I am aware of the hazards and risks to my person and property associated with being a part of this Program. Such hazards and risks include, but are not limited to, death, injury by accident, disease, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I voluntarily assume all risks of death, injury, and illness associated with such risks, and any damage to my personal property. I further understand that the Cooperative Living or any of its affiliates may not have any insurance coverage that would apply in the event of my death, illness, injury, or damage to my person or property that may occur during my participation in the Program. If I desire insurance coverage, I understand that I am responsible for obtaining and paying for the cost of such insurance.
4. I release Houses for Warriors, Inc., the Cooperative Living and its affiliates, agents, officers, directors, employees and volunteer Staff from any liability whatsoever arising as a result of death, injury, or illness that I may suffer as a result of my participation in the Program.
5. I attest and certify that I have no medical conditions that would prevent me from performing my duties as a volunteer participant.
6. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal valid and binding obligation upon me enforceable against me in accordance with its terms.
7. I expressly agree that this assumption of risk agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Warriors' Signature

\_\_\_\_\_  
Witness Signature



## Fire and Extreme Weather Procedures

### Fire Alarm:

- ⇒ In the event of a fire alarm every person **MUST** begin exiting the building and meet at the end of the driveway.

### Tornado Alarm:

- ⇒ In the event of a tornado or severe weather, an attempt to reach the House manager will be made to warn Warriors of a possible tornado. Warriors should take necessary precautions and remain inside the house, in a center location of the building such as the hallway. Stay away from windows or doorways.

### Things to Remember:

- ⇒ It is **MANDATORY** for every person to leave their rooms during a fire / tornado alarm. **NO EXCEPTIONS**

I have read and fully understand these procedures, and realize that failure to adhere to the Emergency Procedures will result in consequences.

\_\_\_\_\_ / \_\_\_\_/\_\_\_\_

Warrior Signature

Date

\_\_\_\_\_ / \_\_\_\_/\_\_\_\_

Print Name

Date of Birth



## HOUSES FOR WARRIORS COOPERATIVE LIVING WARRIOR AGREEMENT

I, \_\_\_\_\_, understand that my acceptance as a Warrior in the Cooperative Living requires the following:

- 1. HOUSE RULES, MORAL STANDARD, AND WITHDRAWAL FROM SUBSTANCE.** I have read and understood the House Rules as provided to me, and understand that such House Rules may be amended upon the Program's discretion, with or without notice. Accordingly, I agree to abide by all Program rules, including but not limited the House Rules as given to me.

In addition, I agree to abide by the moral standards as upheld in the Bible. I understand that the Program is drug and alcohol free, but does not serve as a detoxification facility. Accordingly, I agree to withdraw from any and all substance dependence voluntarily and without the use of medication.

- 2. MEDICAL RELEASE.** I hereby authorize the Program to make arrangements for any emergency medical assistance that may be required due to any illness or injury on my part.

- 3. HOUSES FOR WARRIORS' HIV/COMMUNICABLE DISEASE POLICY.** Houses For Warriors does not discriminate against those who are HIV Positive in its intake procedures. Because a large number of IV drug users have been infected by the HIV Virus, at any given time there may be one or more Warriors in the program that are HIV Positive. This program does not require Warriors who are HIV Positive to notify other Warriors in the program that they are HIV Positive.

Staff Members are forbidden without written permission of the Warrior to discuss the disposition of any Warrior on his/her caseload; other than those individuals that are involved in the treatment process.

HOUSES FOR WARRIORS is not a medical care facility and is unable to provide twenty-four hour on-site medical supervision. Therefore, all Warriors entering the program must be in good health and able to participate in all activities in the program. If a Warriors' health deteriorates to the point where he/she is no longer able to participate in the daily activities of the program, or medical condition requires twenty-four-hour medical supervision, that person **should** leave HOUSES FOR WARRIORS.

HIV Positive Warriors who have family members or friends who could have possibly contracted the virus from them shall notify them immediately.

Any HIV Positive Warrior that intentionally puts another person at risk of being infected with HIV virus will be immediately dismissed from the program.



**4. RELEASE OF CONFIDENTIAL CASE FILE AND COPYRIGHT TO PERSON AND STORY.** I hereby release and grant the Program, its agents, affiliates or third party as designated by the Program all rights to use and publish for any lawful purpose whatsoever to promote the Program's purpose my: 1) confidential information as contained in my Program's case file; 2) personal story; and 3) name, likeness, or appearance. I understand that I may also be requested to speak at public gatherings, give testimony or participate in the Program's activities whereby I may be recorded in any form or manner. Accordingly, I hereby release and grant the Program to use such recordings of me whatsoever to promote the Program's purpose. I also hereby waive any right to inspect or receive a copy of the finished product.

I hereby release and discharge the Program, its agents, affiliates or third party as designated by the Program all liability by virtue of misprint, error or distortion that may occur unless it can be shown that such error, misprint, or distortion were maliciously based.

I further understand that I will not be compensated in any form or many for all use of my: 1) confidential information as contained in my Program's case file; 2) personal story; and 3) name, likeness, or appearance.

**5. CONSENT TO DRUG, CONTRABAND AND WEAPON SEARCHES.** I understand that the Program is a drug and weapon free facility for the safety and wellbeing of all its Warriors, employees, and volunteers with the exception of trained staff licensed to conceal carry in the state of Colorado. Accordingly, by my participation and consent below, **I hereby voluntarily consent to all contraband and weapon searches of me and my living quarters upon request.**

I understand that if I am in possession of any drugs, contraband items or weapons found in my living quarters or on my person that are listed in Houses For Warriors' Drug and Contraband Search Procedure section, it will only be disclosed to Houses For Warriors and all legal authorities Houses For Warriors deems necessary and Houses For Warriors may terminate my lease and participation in the Program.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_

Warrior's Signature

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Warrior's Printed Name

\_\_\_\_\_

Witness Printed Name





## Work Area Skill Levels Assessment

Name: \_\_\_\_\_

Please circle the skill level that best describes your abilities in each area.

### Painting

1. Have done no painting work.
2. Have done light painting. Have some knowledge of how to paint.
3. Painted on a regular basis and have the skills and complete knowledge of painting.

### Construction

1. Have done no construction work.
2. Have done light construction. Minor wall repair with sheetrock and texturing.
3. Have done complete construction on a regular basis and have the knowledge and skills needed to build or modify walls and texture and install doorways.

### Plumbing

1. Have done no plumbing work.
2. Have done light plumbing. Change O-Rings on faucets.
3. Can remove broken fixtures and/or pipes and completely replace or repair as needed.

### Electrical

1. Have done no electrical work.
2. Have done light electrical work – changed out light switches and wall receptacles.
3. Can rewire new walls for the proper light switches, receptacles, and alarm systems.

### Lawn Care/Gardening

1. Have done no lawn/gardening care.
2. Have light lawn/gardening care knowledge.
3. Have lawn/gardening care knowledge and can do just about any task.

### Laundry

1. Have no laundry experience.
2. Have limited laundry experience.
3. Have experience in laundry operations.

### Housekeeping/Floor Cleaning

1. Have no housekeeping/floor cleaning experience.
2. Have light housekeeping/floor cleaning experience.
3. Have good housekeeping/floor cleaning experience.

### Food Service/Restaurant Experience



1. Have no food service experience.
2. Have light food service experience.
3. Have good food service experience.

**Warehouse/Organizational**

1. Have no warehouse/organizational experience.
2. Have light warehouse/organizational experience.
3. Have good warehouse/organizational experience.

**Management /People Skills**

1. Have no management/people skills experience.
2. Have some management/people skills experience.
3. Have good management/people skills experience.

**Reception/Clerical**

1. Have no receptionists/clerical experience.
2. Have some receptionists/clerical experience.
3. Have good receptionists/clerical experience.

**Child Care**

1. Have no child care experience.
2. Have some child care experience.
3. Have good child care experience.

**Why are you here and what do you want us to know?**

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**What type of work would you enjoy, be passionate about and WHY?**

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**Explain your highest skill level & work experience in one paragraph:**

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**[FOR STAFF ONLY]**

**STAFF NOTES:**

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## Notice of Exit (For Staff Use)

Warrior's Name: \_\_\_\_\_ Exit Date: \_\_\_\_\_

**Reason for Leaving (Select only one):**

\_\_\_\_ Voluntary Departure      \_\_\_\_ Non-compliance with Program      \_\_\_\_ Graduate      \_\_\_\_ Other

\_\_\_\_ Acquired Housing      \_\_\_\_ Legal Matter      \_\_\_\_ Higher Level of Care Needed

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Description of Warrior's progress while in Cooperative Living:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Warrior Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**OFFICE USE ONLY:**

**Warrior referred to agencies:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

X \_\_\_\_\_

Staff Signature

Date

Exit Code: \_\_\_\_\_ Exit Email Sent: \_\_\_\_\_

Updated 10-10-2014bg