

Housing Authority of Billings Community Gardens

Information Check



I am interested in (check all that apply):

Having a Garden Plot
 Volunteering in the Garden
 Serving on the Advisory Committee

I am currently a(n):

HAB Tenant
 HAB Employee
 Community Member

Tell us about yourself:

Last Name		First Name		Date of Application
Street Address				Apt/Unit
City		State		Zip
Phone		Email		Allergies:
Date Available				
Emergency Contact 1 (name, relation, phone) :				
What times/days are you available to work in the garden:				

Release Clause (to protect our garden friends)- HAB tenants and HAB employees/spouses may skip this

For purpose of participating in the Housing Authority of Billings Community Gardens, I authorize a background check on myself from The Housing Authority of Billings. I understand this information will be placed in my personal file and utilized in conjunction with insurance requirements and program licensing.

Name: _____ Signature: _____

Last, First, Middle

If volunteer is under 18 years of age, a parent/guardian must sign below in regards to _____ (name of child)

Parent/Guardian Signature:	Date:
Parent/Guardian Address:	Parent/Guardian Phone:

Confidentiality Agreement (to protect our garden friends)- HAB tenants and HAB employees/spouses may skip this

The Housing Authority of Billings provides housing services to low-moderate income families in our community. As an employee/contractor/volunteer with our organization you will hear and see a variety of issues that are **private and confidential**. To better serve our clients it is imperative that any employees, contractors or volunteers for the Housing Authority of Billings uphold a strict discipline regarding privacy and confidentiality. For your protection, as well as the Housing Authority's, we require that this confidentiality agreement be signed by all employees, contractors and volunteers.

I _____, as an employee or volunteer for the Housing Authority of Billings, agree to keep all matters; written, heard, and viewed, in the strictest of confidence. I further understand that any breach of this agreement may result in my immediate termination from employment/volunteer status.

Employee/Volunteer Signature and date

If volunteer is under 18 years of age, a parent/guardian must sign below in regards to _____ (name of child)

Parent/Guardian Signature:	Date:
Parent/Guardian Address:	Parent/Guardian Phone:



Media Release

(Please print clearly)

I (full name) _____

in regards to myself and my children (please print all first and last names)

permit HOUSING AUTHORITY OF BILLINGS and their assigns, licenses, and legal representatives the irrevocable and perpetual right to use my name, picture, portrait, photograph, image, or statements in all forms and media in all manners publicly known and not yet to be known (internet, print, newsletters, brochures, social media, publications, etc..), including composite or purpose, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith. I also agree that this releases HOUSING AUTHORITY OF BILLINGS and any and all of its representatives from any and all monetary obligations or payments to me or any or all of my authorized representatives for use of video, films, photographs, image and/or voice of myself. I agree to refrain from instituting, pressing, or in any way aiding any claim, demand, action or cause of action for current or future damages, costs, compensation, or fees against THE HOUSING AUTHOIRTY OF BILLINGS, including but not limited to privacy, publicity, defamation or any similar right. I am full legal age and I have read this release and am fully familiar with its contents. *(Please indicate below whether you agree to the previous statement and requirements by initialing).*

_____ Do give permission and agree to the previous statement

_____ Do **NOT** give permission and do not agree

Name

Sign and Date

Address

If you do give permission and agree to this form please continue with minor release on the bottom of this page.

CONSENT FOR MINOR(S)

I am the parent or legal guardian of the minor named above and I have the legal authority to execute the above releases. I approve the foregoing and waive any rights in the premises. I further agree that (name of minor/s) _____

_____ will not disaffirm or disavow said consent and permission on the ground that he/she was a minor on the date of execution thereof or on any similar grounds.

Guardian Name

Sign and Date