

Homes of Hope Release Form

Homes of Hope respects your rights to confidentiality and privacy and will not share your information with outside sources without your consent. This form does not give us permission to share your information; it simply allows us to send you information about services and resources available to you as foster/adoptive parents, relative care providers, respite providers and volunteers. We will also send out information related to trainings, celebrations, support, and upcoming events. Thank you for being part of the team that is supporting foster/adopt families and children.

Name(s): _____ Date: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Home Phone: (_____) _____

Cell: (_____) _____ Work: (_____) _____

E-mail: _____

Where did you hear about us? _____

Signature: _____

I am a: (circle all that apply)

Prospective Foster Parent	Foster Parent	HOH Donator (\$ or items)
Prospective Adoptive Parent	Adoptive Parent	HOH Prospective Volunteer
Prospective Relative Provider	Relative Provider	HOH Volunteer
Prospective Respite Provider	Respite Provider	Other _____

I am interested in receiving information about: (Circle all that apply)

Fostering	Sponsorship (\$)	Volunteering	Prayer Email
Foster to Adopt	Mentoring	Hope Room	Prayer Partner
Relative/Kinship	Respite	Trainings	Public Relations
Donating Items	Special Events	Tutoring	Other _____

Please return form to: Homes of Hope P.O. Box 464 Clarkston, WA 99403 or scan to director@homesofhopeproject.org. Questions call 208-413-6770 or visit www.homesofhopeproject.org