

Community Improvement Organization

www.improvingourcommunity.org



10001 NW 87th AVE
Hialeah Gardens, FL 33016
Office Phone: 305-558-4114 ext 252
Email: ciorgz@gmail.com

Basic Needs and Emergency Program Application Form

Our mission is to revitalize distressed communities by improving the living conditions of underprivileged children, the elderly, people with special needs, and low income families.

IMPORTANT INFORMATION

Community Improvement Organization Inc., offers help at a non-bias level. The program does not follow any biased opinions and neither does it discriminate. It does not discriminate based on race, color, religion, national origin, or political beliefs. This help is offered to anyone who qualifies.

The following documents Must Be completed and enclosed to be considerate for our services:

The application will not be considered without all information

- A completed Community Improvement Organization Inc. application
- A copy of the driver license
- A copy of the most recent Federal Tax return, if you filled the previous year
- Proof of residence (most recent water, or electricity bill)
- Last 4 pay stubs

Applicant Information

Date Today	Home Telephone/	Mobile Telephone		
Your Name (Last, First, Middle)	Work Telephone	Email		
Where do you live? (Number and Street)	Apt. #	City	State	Zip Code
Mailing Address (If different from home)		Cell Telephone		
How do we call if we can't reach you?				
Name _____ Relationship _____ Phone number _____				

How did you hear about Community Improvement Organization Inc.? _____

Employer name and Address for income verification

Employer name : _____

Employer Telephone Number (Include area code): _____

Employer Address (Street , suite #): _____

City, State, Zip Code: _____

Mailing address (if different from above): _____

a. What is the total household income? (Gross) (including unemployment benefits) \$ _____

b. How much is your rent or mortgage this month? \$ _____

c. How much are your utilities this month, separate from rent/mortgage? \$ _____

****** Important: All staff/ volunteer/ Beneficiary must sign the "Release and Waiver Liability" before **** working on a Community Improvement Organization Inc. site.**

Read this waiver very carefully before you sign. Waiver applicable 1 year from date of signature.

This Release and Waiver of Liability ("Release Form") signed on this ___ / ___ / 20___,

by _____ in favor of Community Improvement Organization, Inc.,

Print name

existing under the laws of the State of Florida, USA and Community Improvement organization, Inc.(CIO), a nonprofit corporation (Public Charity), and each of their directors, officers, employees, and agents (collectively, "CIO" The staff/ volunteer/ Beneficiary desires to work for CIO and engage in the activities related to being staff/ volunteer/ Beneficiary for a fundraising events and work projects. I, the staff/ volunteer/ Beneficiary hereby freely and voluntarily, sign this Release Form without force under the following terms:

Waiver Articles

1. Important Legal Information. No staff/ volunteer/ Beneficiary is permitted by law to solicit for donations or act on behalf of Community Improvement Organization Inc. without the consent of Community Improvement Organization Inc. Community Improvement Organization Inc. will pursuit legal action against anyone person who violates article 1 of this agreement. Community improvement organization Inc. will protect the rights of all members of the community who make donations, for the charitable purpose of improving the lives of people in need.

2. Waiver and Release. I, the staff/volunteer/ Beneficiary release and perpetually discharge and hold harmless CIO and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may henceforth, arise from my staff/ volunteer/ Beneficiary work at CIO. I, the staff/ volunteer / Beneficiary understand and acknowledge that this Release discharges CIO from any liability or claim that staff/ volunteer/ Beneficiary may have against CIO with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in the CIO work projects and fundraising events. It is also understood that CIO does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

3. Insurance. I, the staff/ volunteer/ Beneficiary understand that I _____(initials) expressly waive any such claim for compensation or liability on the part of CIO beyond what may be offered freely by the representative of CIO in the event of such injury or medical expense.

4. Medical Treatment. I, _____(initials) staff/ volunteer/ Beneficiary , hereby release and forever discharge CIO from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the minor's time with CIO.

5. Assumption of Risk. I, _____(initials) the staff/ volunteer/ Beneficiary , understand that the time with CIO may include activities that may be hazardous to me including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from work sites. Also I, the staff/ volunteer/ Beneficiary recognize and understand that the time with CIO may, in some situations, involve inherently dangerous activities. As the staff/ volunteer/ Beneficiary, I hereby expressly assume the risk of injury or harm in these activities and release CIO from all liability for injury, illness, and death or property damage resulting from the activities of the minor's time at CIO.

6. Media Waiver Form By signing below, I _____give my consent to CIO to
Print name

use my name, comments photograph and likeness taken by Community Improvement Organization, in order to promote Community Improvement Organization's community improvement programs and services. I understand that the client may be photographed or videotaped. I understand that the client's his or her, testimony, pictures or videos may be placed on Community Improvement Organization's website, newsletters and or any of Community Improvement Organization's publications

7. Other. As the staff/ volunteer/ Beneficiary I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

By signing below I _____, here by acknowledge that all of the information provide in this application is correct. By signing below, I, _____ Express my understanding of this release and that if I provide, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By signing below I _____, agree to accept the assistance as is.

Signature(Adult Household Member or authorized Representative)

Date

Print name(Adult Household Member or authorized Representative)

Date

Administration Use Only: _____

Beneficiary Name: _____ Case#: _____

Application type: _____ Date received by administrator _____