
Anti-Discrimination Statement

It is the policy of Neighbor Brigade to provide services to all Applicants without discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, genetic information, or any other characteristic protected under the laws of the United States and the Commonwealth of Massachusetts.

Disclaimers

I understand that Neighbor Brigade is a Massachusetts not-for-profit corporation whose purposes are to provide free temporary support to individuals in the community that are experiencing a non-financial temporary emergency. Neighbor Brigade will not under any circumstances charge me for services performed.

To the extent Neighbor Brigade or its volunteers receive information that is personal regarding a Service Recipient's temporary emergency, family status, or medical history, Neighbor Brigade will take reasonable and appropriate steps to keep that information private and confidential. Neighbor Brigade will not share personal information concerning Service Recipients to any third parties for commercial purposes.

The submission of this Application is not intended to create a relationship between the Service Recipient and Neighbor Brigade. Upon review of this Application, Neighbor Brigade reserves the right to decline services for any potential Service Recipient or third party at any time consistent with its Anti-Discrimination Statement. After reviewing your Application, a representative from Neighbor Brigade will contact you to discuss and review your needs further.

Waivers

If this Application is accepted, I hereby agree to assume any and all risks incidental to the free services provided by Neighbor Brigade. In addition, I hereby waive, release, absolve, indemnify, and agree to hold harmless Neighbor Brigade, its officers, directors, members, volunteers, and their assigns, from any and all liability, claims, damages, or other actions arising out of any injury to my person or property, whether resulting from negligence or any other cause, in the course of my receipt of services from Neighbor Brigade.

I certify that all answers and statements made on this Application are true and complete to the best of my knowledge. I, on my own behalf am executing this release of all claims and waiver of liability freely and voluntarily without any reservation. I acknowledge I have read this entire agreement and understand the language herein.

Signature: _____ **Date:** _____

Neighbor Brigade is a 501c3 organization. No goods or services were received in exchange for this gift. Please keep this letter with your tax files.

We establish and mobilize community-based volunteer networks to provide services for residents affected by sudden crises such as serious illness, injury or other tragic events.

Demographic Information Form



Note: The following questions are **optional** and will in no way impact your application.

1. What is your race or ethnicity?

American Indian/Alaska Native Asian Black Latino Middle Eastern

Pacific Islander White Other _____

2. What is your gender?

Female Male Other

3. If you choose other, please list your gender identity.

4. What is your current employment status?

Employed Military Retired Self-Employed

Stay at home parent/Caretaker Unemployed

4. How would you categorize your employment demographics? Exp. industry such as education, health care, management etc.

5. What is the name of your current employer if applicable?

6. What is your income level?

Lower Income Lower-Middle Income Middle Income Poverty

Upper Income Upper Middle Income