



**ATTENTION: ASSOCIATES,
PHYSICIANS, AND VOLUNTEERS**

You are invited to lend a hand



COMMUNITY SERVICE DAYS

**Friday, February 19 and
Saturday, February 20, 2010**

Sign up today to donate a minimum of 4 hours at
WWW.HEALTH-FIRST.ORG/WAYS_TO_HELP

**Opportunities
for you include:**

- Clearing outside grounds
- Weeding & preparing gardens for plants
- Prepping & painting exterior of building
- Prepping & painting interior walls of building
- Sorting donated items to be sold at thrift store
- Assembling cold weather packets for homeless residents

**Community Service
projects will be
located at:**

- Brevard Health Alliance
- South Brevard Sharing Center
- Health First Distribution Center

811-0909



October 13, 2009

Dear Health First Associates, Physicians and Volunteers:

Please join us by signing up for the first Health First "Caring for Brevard" Community Service Days being planned for **Friday, February 19 and Saturday, February 20, 2010.**

During this two-day event, Health First Associates, Physicians and Volunteers will be giving back to our community by donating their time toward projects involving local non-profit organizations such as the Brevard Health Alliance and the South Brevard Sharing Center.

We invite your involvement in one of the proposed projects:

- Cleaning outside grounds of trash and disposing in proper refuse containers.
- Weeding and preparing gardens for planting of shrubs with landscaping mulch.
- Preparing exterior surfaces of building, pressure washing, sanding and painting.
- Preparing interior surfaces of building, sanding and painting.
- Installing new shelving in food pantry.
- Sorting and categorizing donated items to be sold at thrift store.
- Transporting work tools and equipment for project site.
- Providing refreshments to work crew at project site.
- Contributing to and assembling of collected items for cold weather packets for homeless residents (please see page 3 for more information).

These organizations will benefit greatly from these improvement projects as well as the homeless residents who receive blankets and toiletry items. **Whatever you choose to do, please get involved! Health First wants to show our community how much we care!**

To sign up for "Caring for Brevard," please see the attached registration form or for more details, contact Maureen Tills, Community Benefit Coordinator at 321-434-4327, Maureen.Tills@health-first.org, or visit [WWW.HEALTH-FIRST.ORG/WAYS TO HELP](http://WWW.HEALTH-FIRST.ORG/WAYS_TO_HELP).

Sincerely,

Judy George
Honorary Chairperson
Health First Board of Directors

A handwritten signature in black ink, appearing to read "Larry Garrison".

Larry Garrison
Honorary Chairperson
Executive Vice President/COO

COLD WEATHER PACKET PROJECT

You may participate in the **Cold Weather Packet Project** for residents of Brevard County who are homeless by contributing needed items and/or participating in assembling the packets.

The Health First Administrative Professional Network (HAPN) is coordinating the collection and assembling of the packets.



Beginning October 19, 2009, through January 2010, collection bins will be placed at the following locations for your convenience to deposit your donations of the items listed below.

Drop Locations:

- HRMC – Cafeteria / South Entrance / Heart Center Lobby / ED Lobby / MSDS / GI Center / Hickory Street Diagnostic Center
- PBH – Cafeteria
- CCH – Main Hospital Lobby / Medical Plaza Lobby
- HFHP/Corporate Services – Lunch Room
- HFBC – Lunch Room

Items Needed Are:

- Blankets – new or used, but clean with no holes or tears
- Socks – white cotton adult size to the calf or higher
- Inexpensive manual can openers
- Sample size (mini) deodorants/soaps/toothpastes/shampoos
- Toothbrushes
- Disposable razors
- Feminine products (i.e., tampons, sanitary pads)
- Or, if you prefer to make a cash donation towards the purchase of these items, please contact any of those listed below (cash only/no checks please).

You are also encouraged to set up a collection box in your area. Please bring the contents to one of the above locations for collection purposes or you may call any of the following to coordinate a pick up:

Offsite Locations (or for any general questions): Cyndi Thompson, 434-7253
HRMC: Yvonne Ragusin, 434- 48722 / Evelyn Bee, 434-8717 / Kay Ives, 434-1533
CCH: Leslie Becker, 868-2701
PBH: Lisa Connors, 434-8188

If you would like to participate in putting these packets together, please go to the following website, WWW.HEALTH-FIRST.ORG/WAYS_TO_HELP, and register for the activity entitled “Cold Weather Packets” on either or both February 19/20, 2010. Please note that while the other components of the overall Community Service Days project are scheduled for various locations, the assembling of these packets will **only be done at the Health First Distribution Center** on Feb 19th and 20th.

Thank you for your support of our mission to positively change the health and well-being of our community.



**“Caring for Brevard” Community Service Days
February 19 & 20, 2010**

**ASSOCIATE/PHYSICIAN/VOLUNTEER REGISTRATION
(one form per person, please print clearly)**

Name: _____

Sex: M F I am over 13 years of age

Address: _____

Phone #: _____ Alternate Phone #: _____

Email address: _____

Facility/Department: _____

Physical Limitations: _____

T-shirt size: SM ____ MED ____ LG ____ XL ____ XXL ____

PLEASE INDICATE YOUR PREFERRED PROJECT, DATE/TIME AND LOCATION:

Preferred Project (list on page 2): _____

Friday, 2/19 (choose time & location):

Time: 8 am-12 pm 12 pm-4 pm 8 am-4 pm Distribution Center--
Location: Cocoa Melbourne Palm Bay Cold weather packets

Saturday, 2/20 (choose time & location):

Time: 8 am-12 pm 12 pm-4 pm 8 am-4 pm Distribution Center--
Location: Cocoa Melbourne Palm Bay Cold weather packets

By Monday, January 11, 2010

Please submit this completed Registration Form,
along with the appropriate signed Release & Waiver of Liability Form(s), and
Release & Authorization for Use of Photograph and Consent to Audio Recording Form(s) to:

E-mail: Maureen.Tills@health-first.org
or Fax: 321-434-4276
or Mail: “Caring for Brevard”
Health First, 6450 US Highway 1
Rockledge, FL 32955

EARLY REGISTRATION IS ENCOURAGED!

ASSOCIATE/PHYSICIAN/VOLUNTEER (“PARTICIPANT”) INFORMATION

Registration Requirements:

- Registration form for each Participant (pg.4)
- Release and Waiver of Liability for each Participant (pg. 6)
- Release and Authorization for Use of Photograph and Consent to Audio Recording for each Participant (pg. 7)
- Release and Waiver of Liability for Minor, if applicable (pg. 8)
- Registration will close on Monday, January 11, 2010 – please register early!

Registered Participants will Receive:

- “Caring for Brevard” T-shirt
- Bottled water & snacks provided
- Admission to “Caring for Brevard” Reception in March 2010 (details forthcoming)
- Recognition on Health First website and Associates Press newsletter

Expectations and Guidelines:

- Participants must commit to no less than four hours (Friday, February 19 or Saturday, February 20).
- Participants must be at least 13 years of age.
- Participants shall abide by all applicable laws.
- Comfortable clothes and athletic shoes should be worn.
- An emergency contact number will be provided.



**“Caring for Brevard” Community Service Days
February 19 & 20, 2010**

ADULT RELEASE & WAIVER OF LIABILITY

It is agreed by Participant that in exchange for participation in the “Caring for Brevard” event (the “Event”) organized by Health First, Inc. (“Health First”), Participant hereby waives and releases any and all claims against Health First, its agents and employees. This Release includes, but is not limited to, any claims against Health First for negligence or gross negligence of any kind or nature related to the Event. Health First shall not be liable to Participant for any claims, demands, injuries, damages or actions or causes of actions whatsoever arising due to injury to Participant’s person or property arising out of or in connection with the Event, and Participant hereby releases and holds Health First, its employees and agents, harmless from all claims which may be brought against them by Participant or on Participant’s behalf of any such injuries or claims aforesaid and completely and irrevocably releases and waives his/her rights to any claims as otherwise outlined within this paragraph. Participant agrees that in the event that any portion(s) of this Release and Waiver are found to be unenforceable, that the remaining provisions shall be fully enforceable.

It is understood and agreed that this is a full and final release and waiver of all claims of every nature and kind whatsoever and is given in consideration of participation in the Event.

Dated on this _____ day of _____ 200__.

Participant Signature: _____

Participant Written Name: _____

Participant Address: _____

In case of an emergency, please call:

Name: _____

Relationship: _____

Phone Number: _____ Ext. _____ (Day)

_____ Ext. _____ (Evening)



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**RELEASE AND AUTHORIZATION
FOR USE OF PHOTOGRAPH AND CONSENT TO AUDIO RECORDING**

Name: _____
Address: _____
City and State: _____ Zip Code: _____
Date of Birth: _____ Sex: ___ Phone Number: () _____

If this person is a minor, the parent or guardian must fill out the following information:
Parent/Guardian Name: _____
Address: _____
City and State: Zip Code: _____
Relationship to Minor: _____

I have read the stipulations regarding the release of a photograph presentation of myself or that of my son, daughter, or persons for whom I am the legal guardian and the authorization for the use of this photograph and agree that:

- Photographic presentation, which may be in the form of a photograph (regular or digital), slide, or video (with audio), may be taken, preserved and used by Health First, which may include the following uses: educational, orientation, training, reports, media campaigns, public information or display.
- Photographic presentation as described above may be released to the public news media with only the following information: Name, age, and city.
- Health First may use the photograph for an indefinite period for such purposes, unless a written statement received by Health First revokes this authorization. However, if revoked, Health First shall not be required to recall affected publications, photographs, or videos currently in use, but shall be required to discontinue further use by publication and dissemination outside of Health First.
- Health First shall be released from any consequences if any, resulting from publication of the photograph pursuant to this agreement.

This authorization shall be applicable to and binding for the above named individual by the signature of that person or their legal guardian as it appears below.

DATE _____

PRINT Name (first, middle, last)

Signature

Witnessed by:

PRINT Name (first, middle, last)

Signature



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RELEASE & WAIVER OF LIABILITY ON BEHALF OF MINOR (Under 18)

I, _____, the custodial parent or legal guardian of the minor child _____ (the “Child”) do hereby consent to the Child’s participation in the “Caring for Brevard” event (the “Event”) organized by Health First, Inc. (“Health First”). On behalf of the Child, I hereby waive and release any and all claims by the Child against Health First, its agents and employees. This Release includes, but is not limited to, any claims against Health First for negligence or gross negligence of any kind or nature related to the Event. Health First shall not be liable to the Child for any claims, demands, injuries, damages or actions or causes of actions whatsoever arising due to injury to the Child’s person or property arising out of or in connection with the Event, and I hereby release and hold Health First, its employees and agents, harmless from all claims which may be brought against them by the Child or on the Child’s behalf of any such injuries or claims aforesaid and completely and irrevocably releases and waives the Child’s rights to any claims as otherwise outlined within this paragraph. I agree that in the event that any portion(s) of this Release and Waiver are found to be unenforceable, that the remaining provisions shall be fully enforceable.

It is understood and agreed that this is a full and final release and waiver of all claims of every nature and kind whatsoever and is given in consideration of participation in the Event.

Dated this _____ day of _____, 200__.

Child’s Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Written Name: _____

Parent/Guardian Address: _____

In case of an emergency, please call:

Name: _____

Relationship: _____

Phone Number: _____ Ext. _____ (Day)

_____ Ext. _____ (Evening)