



PEACE OF MIND DINNER PROJECT

Nomination and Release Form

Last Name of Family: _____

Name of Parents or Guardians: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Alternate Phone #: _____

E-mail Address: _____

of Adults in House: _____ # of Children in House: _____

What is the family's primary source of heat? Electricity Gas Wood

Nominator Name: _____

Phone #: _____ Alternate Phone #: _____ Email: _____

Who will pick up their meal? _____

Please tell us of any other assistance the family is receiving (OHP, Food Stamps, Free Lunch, TANF, etc.) This does not disqualify anyone – it just helps in the screening process.

I agree to allow the NACA Circles of Care team to contact me directly with any questions or concerns regarding the family.

If I am not available, NACA can contact:

Name: _____ Phone: _____ Email: _____

(If emailing, send to: mbitsui@nacainc.org and label "Peace of Mind Project Nomination")

DEADLINE DECEMBER 14th , 2015 5PM MST



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Why do you feel this family should be included in the Adopt-A-Family program? Please provide a brief description of the family's current situation.

If you have any questions, please contact Marian at mbitsui@nacainc.org



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Please have nominated family read the following statements, initial each one and sign and date at the bottom.

Thank you.

_____ I understand that **my family has been nominated** for the Peace of Mind Dinner Project. I also understand that **there is no guarantee that my family will be selected** for the project.

_____ I understand that if I am accepted **I will inform other agencies** to avoid duplicate assistance during the holidays so that more families may be helped.

_____ I understand the **release of our information and photos** are for NACA Inc. to use to obtain adoptive families/companies and to promote the future of the foundation.

_____ I understand and **allow NACA Inc. to use a photo of my family on the website.**

_____ I understand and allow NACA Inc. to use the first name of all family members for reporting purposes. (If you want us to use fake names for your privacy, please indicate below).

Signature

Date

NOTIFICATION DATE: DECEMBER 17TH BY PHONE AND EMAIL
PICK-UP CONFIRMATION REQUIRED BY DECEMBER 21ST

Turn In Completed Applications To:
Marian Bitsui
2717 N. Steves Blvd Ste 11
Flagstaff, Arizona 86004

Or Scan and Email Back To:
mbitsui@nacainc.org
Subject: Peace of Mind Project Nomination

Any Questions or Comments: 928-526-2968 ext 137 or mbitsui@nacainc.org

Native Americans for Community Action, Inc.



MAIN OFFICE:
2717 N. Steves Blvd., Suite 11
Flagstaff, Arizona 86004
FAX: (928) 526-0708
Phone: (928) 526-2968

FAMILY HEALTH CENTER
1500 E. Cedar Ave., Suite 26
Flagstaff, Arizona 86004
FAX: (928) 773-9429
Phone: (928) 773-1245

CONSENT AND RELEASE

For good and valuable consideration, I here grant to Native Americans for Community Action, Inc. (NACA), all rights in and to the photography, and digital created images made of me (“the Appearance”) on the **23rd** days of the month of **December** of the year **2015**.

The photography displays portraits of me photographed by photographer _____, at the request of NACA. Purpose of the photographs is to represent NACA on the NACA website with biosketches, in newspaper ads and other publications and other materials denoting NACA programs and services, on graphically designed flyers for mailing and distribution, among other similar purposes.

The rights hereby granted to NACA include the perpetual, exclusive, and unencumbered right to use, edit, reproduce, distribute, telecast, publish and otherwise exhibit the Appearance worldwide, including excerpts, in any and all forms of media now known or hereafter devised, including but not limited to CD – ROM in current and future formats, and on-line services (both commercial and inter networks), linear, digital and interactive formats, internet websites, and printed transcripts. In addition, the rights granted to NACA include the right to use the Appearance of any portion thereof, my name, likeness and biographical material to publicize and advertise the appearance and/or services of NACA.

I hereby release NACA and hold NACA harmless from and against any liability based on any personal, property, residual, re-use or other right which I have or may have by virtue of any such use of my name, likeness or biographical material, or as a result of the exhibition, telecast or distribution of the Appearance or any claim arising out of any of my acts or statements made in connection with the Appearance (including but not limited to defamation, invasion of privacy).

I have the full right and legal capacity to sign this Consent and Release. I have read this Consent and Release prior to signing it and understand its contents.

Date: _____

Signature: _____

Printed Name: _____

Signature, Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Signature, Native Americans for Community Action, Inc.: _____

Printed Name of NACA Representative: _____