



THE MISSING PEACE  
COMMUNITY COLLECTIVE



GAME CHANGERS  
MAKING A DIFFERENCE, ONE MOVE AT A TIME

## Community Resources Consent Form

The Missing Peace Community Collective  
3248 W Brown Street, Milwaukee, WI 53208  
414.269.2111  
info@missingpeacemke.com  
missingpeacemke.com

### Participant Information:

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_

### Purpose of Consent:

The purpose of this consent form is to obtain your permission to provide you with access to community resources and services offered by The Missing Peace MKE Community Collective. These resources may include, but are not limited to, educational programs, health services, counseling, and social support.

### Consent:

I, the undersigned, hereby consent to participate in the community resources program provided by The Missing Peace MKE Community Collective. I understand that my participation is voluntary and that I may withdraw my consent at any time without penalty. I acknowledge that I have been informed about the nature of the community resources available to me and that I have had the opportunity to ask questions regarding these services.

### Confidentiality:

I understand that my personal information will be kept confidential and will only be shared with authorized personnel involved in providing these services. My information will not be disclosed to any third parties without my explicit consent, except as required by law.

**Release of Liability:**

I release The Missing Peace MKE Community Collective, its partners, employees, volunteers, and agents from any liability for any injury, loss, or damage that may occur as a result of my participation in the community resources program.

**Signature:**

By signing below, I confirm that I have read and understood this consent form, and I agree to participate in the community resources program.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the participant is under 18 years of age, a parent or guardian must sign below:**

Parent/Guardian Name (Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Contact Information for Questions:**

If you have any questions or concerns regarding this consent form or our program, please contact:

Phone: 414.269.2111

Email: [info@missingpeacemke.com](mailto:info@missingpeacemke.com)