



SEA HAVEN LUNCH & LEARN TOUR

Name: _____

Address: _____

Phone: _____

Email: _____

_____ I would like to help Sea Haven by volunteering

_____ I would like to help Sea Haven by serving on a committee

_____ I would like to help Sea Haven by being part of their fundraising efforts

I understand that all information regarding the name or status of any client of Sea Haven or resident of the Sea Haven Crisis Center is confidential, and that the confidentiality of such information is protected by both South Carolina and Federal law. By signing below, I agree that I will not disclose any information about the clients or residents of the Sea Haven program.

Signature: _____

Date: _____