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**Safe Place for Domestic Violence Victims**

**Authorization and Release Form**

This authorization and release form serves as application to and, if approved, an agreement between PurpleOne and the organization listed below.

The individual listed in this form labeled "PurpleOne Designee" must have satisfactorily completed the PurpleOne Training and will educate your staff on what to do if and when a victim of domestic violence enters your physical location. If the trained designee leaves the organization and/or is unable to fully implement the program for any reason, another individual must attend the training within 60 days of the designee being unable to fulfill their duties (or the next available PurpleOne Training date, whichever comes first) to ensure your organization remains a Safe Place and to ensure the integrity of this program and that victims are provided excellent service.

Completion of this application does not guarantee acceptance of the business as a Safe Place for Domestic Violence Victims. Approval/denial will be communicated to the applicant within 15 business days. You can complete this form online at <https://tinyurl.com/POSafePlace>. You may also complete this form and email the completed form to [info@purpleone.org](mailto:info@purpleone.org) or mail to: PurpleOne – PO Box 208 – Union City, PA 16438. Questions? Please call 814.616.2330 or email [info@purpleone.org](mailto:info@purpleone.org).

**PurpleOne Designee Information**

**PurpleOne Partner Name (Who you took the training from):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PurpleOne Training Attendee (“PurpleOne Designee”): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PurpleOne Designee Phone and Email**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PurpleOne Designee’s Training Date:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Safe Place Finder Directory Information**

**Print Name of Company (as you would like it listed on the Safe Place Finder)   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company’s Physical Address (as you want listed on the Safe Place Finder):** \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company’s Phone (as you want listed on the Safe Place Finder): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Optional: Company Email (as you want listed on the Safe Place Finder): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agreement to Terms, Authorization to Use Directory Information and Release**

*The following should be completed by an individual who is authorized to act on behalf of the company.*  
**PurpleOne Safe Places for Domestic Violence Victims must agree to the following terms in order to provide the highest level of care and support to the victim and for the safety of the business. The businesses' inability to agree to these terms will prevent the business from being part of the Safe Place Network.**

The company acknowledges and agrees to the following:

For good and valuable consideration, the receipt of which is hereby acknowledged, company (defined above) hereby gives permission to PurpleOne and its successors, assigns, and licensees, to use the company’s name and directory information (address, email, contact person and phone) as well as Company’s logo(s) in directory listing on print and digital materials and on the Safe Place Finder for Domestic Violence Victims at purpleone.org, the PurpleOne Safe Place Finder app, or any future iteration of PurpleOne’s website or marketing materials.

* Agree
* Disagree

The PurpleOne Training alone does not make or certify me or my organization as a domestic violence counselor, agency or service provider. The undersigned acknowledges that the organization is not by this training alone authorized to represent itself as a domestic violence service provider and is to refer victims of domestic violence to the state-recognized agency that is most appropriate for the victim.

* Agree
* Disagree

The Company agrees to be listed as a PurpleOne Safe Place for Domestic Violence Victims as displayed and/or broadcast for any purpose in any and all media throughout the world, without limitation as to duration or frequency of usage, in perpetuity and royalty free, for any purpose, including but not limited to directory listings, editorial, advertising, and promotion. It is understood that PurpleOne shall have the right but not the obligation to make use of the company name, directory information and/or logos as permitted hereunder.

* Agree
* Disagree

Company hereby waives any rights to inspect and/or approve the materials incorporating the name, directory information and/or logo. The undersigned hereby warrants and represents that he/she has the full right and authority to enter into this agreement concerning the company name, directory information and logo and that PurpleOne does not need the consent or permission of any other person, firm or corporation in order to use the company name, directory information and/or logo as described above.

* Agree
* Disagree

For the safety of the victims seeking referrals at Safe Places, a company that is not a state-recognized domestic violence agency agrees not to provide or promote their company as providing domestic violence services. Companies with a formal memorandum of understanding with a state-recognized domestic violence agency to provide domestic violence services to their clientele and promoting their business as such will be considered.

* Agree
* Disagree

Company shall indemnify and hold harmless PurpleOne (including its members, officers, representatives, and employees) against any loss, liability, claim, demand, or expense (including court costs and attorneys’ fees) including any claim arising out of PurpleOne’s negligence, arising out of or in connection with the PurpleOne training or Company’s designation as a Safe Place. These indemnities shall survive the termination of this Agreement.

* Agree
* Disagree

The company acknowledges that neither the designee nor a member of the organization’s leadership is on public record as being convicted on charges of assault, stalking, or other domestic violence-related charges.

* Agree
* Disagree

The individual who attended the PurpleOne training will be the PurpleOne Designee and will be the point of contact and responsible for communicating to your staff what to do if victims enter your establishment looking for information. If the trained designee leaves the organization or is unable to fully implement the program another individual must attend the training within 60 days of the designee being unable to fulfill their duties (or the next available training date, whichever comes first) to ensure your organization remains a Safe Place and to ensure the integrity of this program and that victims are provided excellent service.

* Agree
* Disagree

*I agree that the information provided above and agreement to the terms listed above are true to the best of my knowledge and that I am authorized to sign this document as a representative of the aforementioned company.*

**\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name of Authorized Company Representative** **Title of Authorized Company Representative**

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**Signature of Authorized Company Representative**  **Date of Authorization**

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**Email of Authorized Company Representative**