

**AUTHORIZATION FOR INCLUSION IN THE GLBT HELPLINE
OF RHODE ISLAND RESOURCE DIRECTORY**

The information provided on my original or updated application is correct as of this date and accurately represents our organization, agency, business, service or me as an individual.

I/we authorize the GLBT Helpline of RI, Inc. to include this information in its Resource Directory and on its web site to disseminate it (except as indicated otherwise) to those who call the line or access the web site to obtain information or referrals.

I/we will notify the GLBT Helpline of any changes that should be made to the directory and web site.

I/we do not discriminate on any basis and realize that discrimination is just cause for removal from the directory or web site.

I/we hereby release the GLBT Helpline of any liability arising from its good faith efforts to disseminate information and refer individuals as directed herein.

Name of organization, agency, service, business:

Date _____

Authorization (Signature) _____

I do not wish to be included on your web site and authorize the GLBT Helpline to disseminate my information only to individuals who call the Helpline directly: _____

GLBT HELPLINE OF RHODE ISLAND, INC.
Application for inclusion in the GLBT Resource Directory

Name of organization, agency, business, or service:

Address: _____ Principal contact person: _____

Telephone: _____

E-mail: _____

Web site: _____

How would you like the GLBT staff to make referrals to you?

- Have person phone us. Have person write us.
 Have person leave a name and phone number. GLBT staff will then call the principal contact person and relay the information to them.

Our membership/services are geared to...

- gay men lesbians bisexuals transvestites mixed
 transsexual/transgender primarily straight clientele

What is your relationship to the gay community?

- GLBT owned GLBT operated Sensitive to the GLBT community

In which category should we file your information?

- Bars Businesses/Services Legal Aid Medical Mental health
 Political Publications Social/recreational Religious Support

If you chose mental health, please indicate in which category you would like to be listed:

- female therapist openly lesbian therapist male therapist
 openly gay therapist group practice

In the space below, please write a brief history of your organization, business, agency, or service. Please be sure to include any and all information that you wish to have relayed to the caller. **Do not include information that you do not wish disclosed.**

How does a person become a member/client? What are the dues/fees? Are there any other conditions for participation? Explain.

Please read and sign the accompanying authorization and return both pages to:

**GLBT Helpline of RI
P.O. Box 41247
Providence, RI 02940**
