



**VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY**

Scope: I, (“Volunteer”), understand that my relationship with Crittenton Services for Children and Families (“Nonprofit”) is limited to a volunteer position and that no compensation is expected or promised in return for services I provide. I understand that Nonprofit will not provide to Volunteer any benefits traditionally associated with employment, and Volunteer is solely responsible for his/her own insurance coverage in the event of personal injury or illness as a result of volunteer service to Nonprofit.

Waiver and Release: I release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of any nature, whether in law or in equity, which arise or may hereafter arise from my service to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or which occur while I am providing volunteer services.

Medical Treatment: I hereby release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me in connection with an emergency during my tenure as a Volunteer with Nonprofit.

Confidentiality: I understand the importance of confidentiality presented during Volunteer Orientation, and I will comply with guidelines regarding confidentiality, mandated reporting requirements and appropriate boundaries with the clients, even after the completion of my term as a Volunteer. I understand that I may have access to confidential information related to clients, which I am obligated to keep private, regardless of source of such information. Furthermore, I understand that I may not discuss any situation(s) that might possibly identify an individual, whether applicant, client, resource parent or birth parent. I will not read any narrative, letters, documents, or other information, except as necessary in the performance of my duties. I understand that, due to safety concerns for clients, I will not disclose any physical address where volunteer service occurs. I agree to refer all requests for information to an appropriate Nonprofit staff supervisor. I understand that including clients in photographs and social media posts are prohibited and that only Nonprofit representatives may engage in these activities.

Reassignment: I understand that, in the event that I find that I am assigned volunteer service with a client or client’s family known to me, it is my responsibility to ask that I be reassigned as needed.

Photographic Release: I grant and convey to Nonprofit all rights, titles, and interests in any and all photographs, images, video or audio recordings of me, my likeness or voice made by Nonprofit in connection with my volunteer service to Nonprofit.

***I hereby release and discharge Crittenton, its officers, employees, agents and contractors from all actions, claims, or demands that I, my heirs, guardians, and legal representatives now have, or may have in the future related to my volunteer service for nonprofit. My signature confirms my understanding and intent to willingly and voluntarily enter into this Release and Waiver of Liability.***

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Printed Name: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Crittenton Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Crittenton Representative Printed Name: \_\_\_\_\_

\*If volunteer is under 18 years of age, parent or guardian must read and sign below to confirm this release, its significance, obligations of Volunteer, and assumption of risk have been explained to and are understood by the minor.