



VOLUNTEER RELEASE AND CONFIDENTIAL INFORMATION AGREEMENT

As a volunteer for Community Services Agency, I agree as follows:

1. **Volunteer Policy.** I acknowledge that I have received a copy of the Community Services Agency Volunteer Handbook. I understand that I am responsible for knowing and complying with the policies set forth in the Volunteer Handbook.
2. **Confidential Information.** Volunteers must ensure confidentiality and privacy in regard to history, records, and discussions about the people we serve. The very fact that an individual is served by this agency must be kept confidential. I hereby agree not to disclose any information regarding these individuals or the services provided.
3. **Assumption of Risk.** I am aware that, in participating as a volunteer, I may be exposed to environmental or structural conditions, pathogens (including SARS-CoV-2 or other viruses or bacteria), allergens, or other hazards that may cause personal injury, illness or death, or loss of or damage to my property or equipment, as a result of my activities, the activities of recipients of Community Services Agency, employees, other volunteers, the materials or equipment used, or the conditions under which my volunteer services are performed. I understand that my own safety is my own personal responsibility, and that I am free at any time to refuse, and should refuse, to do anything with Community Services Agency that I believe poses a hazard to me or anyone else, or to my property or anyone else's. With knowledge of these risks, I agree to accept any and all risks of personal injury, illness or death or loss of or damage to my property.
4. **Release of Liability.** I hereby agree to save and hold harmless Community Services Agency, its officers, agents and employees, from any and all responsibility and liability for any personal injuries to me, or for any property damage, by reason of any accident, illness or injury that I may suffer or have while using equipment or while participating and/or engaging in my volunteer activity with Community Services Agency, or in any way arising in connection with said activity, program, project; and I further waive any cause of action whatsoever against Community Services Agency, its officers, agents, and employees arising out of, or in connection with, said activity in favor of myself, my heirs or assigns. I further agree to assume responsibility for any property damage or injury to any person caused by me while using equipment so furnished or while participating in said project, activity, program.
5. **Medical Release.** I release and forever discharge the Release Parties from any claim whatsoever arising or that may arise on account of any first aid, treatment, or medical service, including the lack of such or timing of such, rendered in connection with my participation as a volunteer.
6. **Media Authorization.** I hereby consent to and authorize the photographing, interviewing, filming, and or recording of me and authorize Community Services Agency to use such photographs, interviews, videos and recording without compensation,



for publicity, training and promotional purposes. I understand that I have the right to establish restrictions or limitations on my consent.

7. Database Authorization. I hereby consent to have my information added to the volunteer database, which may be stored on a third-party online service. My personal information is kept strictly confidential and is not shared with any outside entity.

I have read, understand, and accept this Agreement and have been given adequate time to review it and ask questions.

Signature: _____

Printed Name: _____ Date: _____