



EHC LifeBuilders Community Service Volunteer Release and Confidential Information Agreement

Date: _____

I am here today with:

(name of school, employer, faith community, club, social or service group, civic organization)

In consideration of the opportunity afforded me to participate as a volunteer for EHC LifeBuilders, I agree as follows:

1. **Voluntary Participation.** I acknowledge that I have voluntarily applied to be a volunteer for EHC LifeBuilders ("EHC"). I understand that as a volunteer, I will not be paid for my services, and that I will not be covered by or eligible for any EHC insurance, health care, worker's compensation, or other benefits. I understand that my participation with EHC may be terminated at any time by EHC or me.

2. **Volunteer Policy.** I acknowledge that I have received a copy of the EHC Volunteer Code of Conduct. I understand that I am responsible for knowing and complying with the policies set forth in the Volunteer Code during my association with EHC.

3. **Confidential Information.** I understand that during my participation as a volunteer for EHC, I may have access to sensitive or confidential information. This confidential information may include, but is not limited to: identity, address, contact information, race, disability status, and income information relating to recipients of EHC services. At all times during and after my participation, **I will hold in confidence and will not disclose or use any such confidential information**, except as may be required by my duties as a volunteer for EHC or as expressly authorized in writing by the Chief Executive Officer of EHC.

4. **Assumption of Risk.** I am aware that, in participating as a volunteer, I may be exposed to personal injury or death or damage to my property or equipment as a result of my activities, activities of recipients of EHC services, employees, or 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 EHC 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 or death or damage to my property.**

5. **Release of Liability.** I agree that I, my successors, assignees, heirs, insurers, agents, guardians, and legal representatives **waive and release any rights, actions, or causes of action** against EHC, its officers, directors, and employees, and any of EHC's volunteers or recipients of EHC services (collectively, the "Released Parties") **for injury, death, loss of use, damages arising out of or resulting from the acts or omissions of any person or entity or my activities as a volunteer.** This includes, without limitation, negligence of any of the Released Parties, whether active or passive, sole or cooperative, or other negligence, however caused, arising from or relating to EHC or my participation with EHC in any way. I understand that EHC would not allow me to participate as a volunteer without my agreeing to this waiver and release and the other terms of this agreement.

6. **Medical Release.** I release and forever discharge the Released 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 connect with my participation as a volunteer.

7. **Media Authorization.** I consent to the unrestricted use by EHC, or any person authorized by EHC, in any medium, including the Internet, or any photographs, recordings, interviews, videotapes, film, or similar visual or auditory recordings of me created in connection with my participating as a volunteer.

8. **My Information.** I understand that EHC will keep confidential and will not disclose or use for its benefit other than in connection with the programs and services that EHC provides, information that I provide to EHC, except to the extent that such information is required to be disclosed by law.

9. **Return of Property.** At the end of my participation as a volunteer, or upon EHC's request at any other time, I will deliver to EHC all of EHC's property, equipment, and documents, together with all copies, regardless of whether such property contains confidential information.

10. **Severability, Survival, and Waiver.** If any provision in this Agreement is held invalid or unenforceable, the other provisions will remain enforceable, and the invalid or unenforceable provision will be considered modified so that it is valid and enforceable to the maximum extent permitted by law. I understand that this agreement will survive the termination of my participation and the assignment of this Agreement by EHC to any successor or other assignee and will be binding upon my heirs and legal representatives.

This Agreement will be effective as of the date appearing above.

Volunteer, please PRINT to fill out the fields below.

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

Volunteer's Signature: _____

Printed Name: _____ Date of Birth: _____

Address: _____

Email: _____ Phone: _____

Affiliations (name of school, employer, faith community, club, social or service group, civic organization):

Emergency Contact Information:

In case of emergency, please contact _____

Phone: _____ Alternate: _____

Existing medical conditions or medication (optional): _____

Thank you for Volunteering with EHC LifeBuilders

PLEASE SEE NEXT PAGE IF VOLUNTEER IS UNDER 18 YEARS OF AGE



PARENTAL ACKNOWLEDGMENT

In order for your child to become a volunteer with us, we need your consent and involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like EHC to continue the process of considering your child as a volunteer.

Note: This Parental Consent Form must be filled out for all volunteers under age 18. Children under the age of 16 may not volunteer at EHC without the supervision of a parent, guardian or other responsible adult chaperone.

Name of youth volunteer: _____

Program Site of Service: _____

I am the parent or legal guardian of the minor named above, who wishes to be considered for volunteer work for EHC. By my signature below, I acknowledge that I have reviewed this Volunteer Release and Confidential Information Agreement with my participating child. I understand and accept this Agreement. I hereby give my permission for him/her to serve in that capacity, if accepted by EHC, whether at EHC's facilities or at an offsite project.

*Parent or Legal
Guardian's Signature:* _____

Printed Name: _____

Nature of relationship to volunteer: _____

Date: _____

Employee Signature: _____