



Volunteer Agreement

Date: _____

(Print name)

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 HomeFirst, I agree:

1. **Voluntary Participation.** I acknowledge that I have voluntarily applied to be a volunteer for HomeFirst. 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 HomeFirst insurance, health care, worker's compensation, or other benefits. I understand that my participation with HomeFirst may be terminated at any time by HomeFirst or me.

2. **Volunteer Policy.** I acknowledge that I have received and read a copy of the HomeFirst Volunteer Code of Conduct Agreement. I understand that I am responsible for knowing and complying with the Volunteer Code of Conduct Agreement at all times during my association with HomeFirst.

3. **Confidential Information.** I understand that during my participation as a volunteer for HomeFirst, I may have access to sensitive and/or confidential information. This information may include, but is not limited to: identity, address, contact information, race, disability status, and income information relating to recipients of HomeFirst 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 HomeFirst or as expressly authorized in writing by a HomeFirst staff member. Confidentiality applies to photographs or filming of clients and guests. Sharing of images of clients and guests, including on social media, is prohibited.

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 HomeFirst 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 HomeFirst 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 **wave and release any rights, actions, or causes of action** against HomeFirst, its officers, directors and employees, and any of HomeFirst's volunteers or recipients of HomeFirst 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 HomeFirst or my

participation with HomeFirst in any way. I understand that HomeFirst 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 HomeFirst, or any person authorized by HomeFirst in any medium, including the Internet, any photographs, recordings, interviews, videotapes, film, or similar visual or auditory recordings of me created in connection with my participation.

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

9. **Check-In & Time sheets.** I understand that I must check in with my HomeFirst supervisor upon arrival, complete a time sheet and wear a HomeFirst Volunteer name badge at all times when volunteering for HomeFirst.

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

11. **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 HomeFirst 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: _____

Emergency Contact Information:

In case of emergency, please contact _____

Phone: _____ Alternate: _____

Existing medical conditions or medication (optional): _____



Thank you for Volunteering with HomeFirst

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



PARENTAL/GUARDIAN CONSENT

Note: This Parental Consent Form must be filled out for all volunteers under age 18.

Children under the age of 16 must be under constant supervision by a responsible adult chaperone at all times. No one under the age of 18 is permitted at the Boccardo Reception Center (2011 Little Orchard Street) at any time.

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 HomeFirst.

I have reviewed the Volunteer Agreement and the Code of Conduct Agreement with the minor named above. I understand and accept these Agreements.

I hereby give my permission for the minor named above to volunteer for HomeFirst, if accepted by HomeFirst, whether at HomeFirst's facilities or at an offsite project.

Parent or Legal Guardian's Signature: _____

Printed Name: _____

Relationship to volunteer: _____

Date: _____

Phone number(s) _____

Emergency Contact Information:

In case of emergency, please contact _____

Phone: _____ Alternate: _____

Existing medical conditions or medication (optional): _____