



SACRED HEART COMMUNITY SERVICE VOLUNTEER RELEASE AND CONFIDENTIAL INFORMATION AGREEMENT

Thank you for volunteering with Sacred Heart Community Service ("Sacred Heart"). We are delighted by your desire to join our efforts to ensure that every child and adult is free from poverty. With more than 400,000 people in Santa Clara County living at or below the low-income level, the task is enormous, and your time with us makes a difference to the community members we serve.

* * * * *

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 Sacred Heart, I agree as follows:

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

2. Volunteer Policy. I acknowledge that I have received a copy of the Sacred Heart's Volunteer Guidelines. I understand that I am responsible for knowing and complying with the policies set forth in the Volunteer Guidelines during my association with Sacred Heart.

3. Confidential Information. I understand that during my participation as a volunteer for Sacred Heart, 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 Sacred Heart 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 Sacred Heart, or as expressly authorized in writing by the Executive Director of Sacred Heart.

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, the activities of recipients of Sacred Heart 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 Sacred Heart 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 Sacred Heart, its officers, directors, and employees, the suppliers of any materials used, and any of Sacred Heart's volunteers, or recipients of Sacred Heart 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 comparative, or other negligence, however caused, arising from or relating to Sacred Heart or my participation with Sacred Heart in any way. I understand that Sacred Heart 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 Sacred Heart, or any person authorized by Sacred Heart, in any medium, including the Internet, of any photographs, recordings, interviews, videotapes, film, or similar visual or auditory recordings of me created in connection with my participation as a volunteer.

8. My Information. I understand that Sacred Heart will keep confidential and will not disclose or use for its benefit, other than in connection with the programs and services that Sacred Heart provides, information that I provide to Sacred Heart on its online Volunteer Management System, 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 Sacred Heart's request at any other time, I will deliver to Sacred Heart all of Sacred Heart'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 Sacred Heart 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):

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THANK YOU FOR VOLUNTEERING WITH SACRED HEART COMMUNITY SERVICE!

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



PARENTAL ACKNOWLEDGMENT IS REQUIRED IF VOLUNTEER IS UNDER 18 YEARS OF AGE.

Parent or Legal Guardian for: _____

I am the parent or legal guardian of the minor named above. 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 also hereby authorize the minor named above to volunteer at Sacred Heart Community Service, whether at Sacred Heart's facilities or at an offsite project.

Parent or Legal
Guardian's Signature: _____

Printed Name: _____ Date: _____

Address: _____

Email: _____ Phone: _____