



Confidentiality, Liability and Photo Release Agreements

Volunteer Name: _____ Address: _____

Email: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

CONFIDENTIALITY AGREEMENT:

I am aware that Home of the Sparrow (HOS) will maintain records pertaining to my skills, educational background, and activities as a Volunteer. This information will be used to facilitate appropriate volunteer placement based on my skills and interests. I hereby authorize disclosure of this information to the appropriate HOS departments that require access to this knowledge.

I, _____, understand and agree that, as a volunteer at Home of the Sparrow, I have/may have access to privileged resident information. I agree to hold any and all such resident information in strict confidence, except, as provided by law for the release of information and/or in the course of sharing information with Home of the Sparrow staff.

Signature of Applicant or Authorized Guardian

Date

LIABILITY WAIVER AGREEMENT:

I understand that HOS, through the Board, employees and agents, will make every effort to ensure the safety and health of each volunteer participant. I understand and agree that neither HOS nor its individual Board members, employees, officers, volunteers or clients, may be held liable in any way for any occurrence in connection with its programs, which may result in injury, death, disease or other damages to me.

I, _____, hereby give consent to HOS to administer emergency medical attention as a result of illness, accident, or allergic reaction. I understand that my participation in any particular HOS function is not considered mandatory until I have agreed upon such participation.

Please check one:

_____ I warrant that I am not a minor and am competent to contract in my own name

_____ I am a parent and/or guardian signing on behalf of the applicant listed above

I have read the foregoing release, authorization and agreement, before affixing my signature below, and warrant that I fully understand the contents thereof:

Signature

Date

Parent/Guardian Signature

Date

PHOTO RELEASE AGREEMENT:

I, _____, hereby give Home of the Sparrow, Inc., and each of its related entities, or assigns, the right and permission to use my name, voice, comments, image, and/or likeness, (collectively "Materials") in any manner or media, in any location, any number of times, indefinitely, for whatever purpose Home of the Sparrow may choose consistent with its mission. I further give Home of the Sparrow the right and permission to use, publish, and republish, the Materials through any medium or media, including and without limitation on the internet and any other digital, multi-media, or electronic mediums. I waive any right to approve any use of the Materials.

Releases: I hereby release, discharge and agree to hold Home of the Sparrow Inc. and any person acting on Home of the Sparrow's behalf harmless from any liability whatsoever related in any way to the use of the materials.

Signature of Applicant or Authorized Guardian

Date

These agreements are in effect for the duration of your involvement with Home of the Sparrow.