



VOLUNTEER RELEASE AND WAIVER OF LIABILITY (Updated 5/26/20)

Date: _____ **Volunteer Name:** _____

Group Name (if applicable): _____ **Email:** _____

Address: _____ **Phone:** _____

Please add me to your email list to stay up to date with news and events from Home of the Sparrow, Inc.

Emergency Contact Name: _____ **Phone:** _____

The Volunteer desires to work as a volunteer for Home of the Sparrow (hereinafter collectively referred to as "HOS") and engage in activities related to being a volunteer including, but not limited to, organizing, sorting, lifting, carrying, cleaning, maintenance, painting, yard work, carpentry, loading and unloading donations, interacting with clients, and providing clerical support ("Activities"). Volunteer understands that the scope of the volunteer's relationship with HOS is limited to a volunteer position and that no compensation is expected in return for services provided; that HOS will not provide any benefits to volunteer traditionally associated with employment; and that volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of volunteer's services to HOS. The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

- Release and Waiver:** Volunteer, for him/herself and his or her legal representatives, spouse, heirs, and assigns, does hereby release and forever discharge and hold harmless HOS and its board of directors, executive director, vice presidents, employees, agents, insurers and representatives, successors and assigns from any and all liability claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with HOS.
Volunteer understands that this Release discharges HOS from any liability or claim that the Volunteer may have against HOS with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities, whether caused by the negligence of HOS or its board of directors, executive director, vice presidents, employees, agents or otherwise. Volunteer covenants not to bring any action against HOS for any such injury or damage.
- Medical Treatment:** Volunteer does hereby release and forever discharge HOS from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with Home of the Sparrow, Inc. Volunteer authorizes HOS to act, in its best judgment, including administering medical attention on the volunteer's behalf in case of an emergency, illness, accident or allergic reaction.
- Assumption of the Risk:** The Volunteer understands that the Activities may include work that may present a risk to the Volunteer. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases HOS from all liability for injury, illness, death, or property damage resulting from the Activities.
- COVID 19 ISSUES.** Volunteer recognizes and acknowledges that in the course of volunteering for HOS, Volunteer may become exposed to the virus that causes the COVID-19 disease, and that exposure has the potential to cause illness or death. Volunteer hereby irrevocably and unconditionally releases and holds harmless from liability HOS, its staff, officers and directors, all other volunteers, and subcontractors and providers, arising in any way from my volunteer work with HOS, including illness or death from contracting the virus that causes the COVID-19 disease. Volunteer provides this Waiver and Release on my own behalf and on behalf of my relatives, successors and assigns. In addition, I provide it with full knowledge of its significance and with the intention of being legally bound by it.
- COVID 19 REQUIREMENTS.** Volunteer agrees to be quizzed regarding health issues, and consents to temperature readings being taken as often as HOS decides to determine eligibility for serving. Additionally, Volunteer agrees to wear personal protective equipment as required by HOS, including but not limited to, face covering, gloves, and eye protection.
- Voluntary Service:** Volunteer understands and acknowledges that he/she may decline any volunteer role or position at any time if he/she feels such role or position presents a risk to health or safety or for any reason. Volunteer agrees to advise HOS of any preexisting conditions that would preclude involvement in any activity.
- Insurance:** The Volunteer understands that HOS does not carry or maintain health, medical, disability or Workers Compensation insurance coverage for any volunteer.
- Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which will continue to be enforceable. Volunteer represents that he/she is 18 years of age or older.

This agreement will be in effect for the duration of your involvement with Home of the Sparrow, Inc.

Volunteer: _____
Print Name Signature

Parent/Guardian: _____
(if under age of 18) Print Name Signature



CONFIDENTIALITY AGREEMENT

I am aware that Home of the Sparrow (HOS) will maintain records pertaining to my contact information, 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.

Respecting the privacy of our clients, donors, members, staff, volunteers and Home of the Sparrow itself is a basic value of Home of the Sparrow. Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the Executive Director.

Volunteers of Home of the Sparrow may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of Home of the Sparrow that such information must be kept confidential both during and after volunteer service. Volunteers are expected to return materials containing privileged or confidential information at the time of separation from service.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

Signature of Volunteer or Authorized Guardian

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 Volunteer or Authorized Guardian

Date