



# Delta Gamma Center for Children with Visual Impairments

## Volunteer Agreement and Release from Liability

In signing this form, I understand and agree to the following terms and conditions related to volunteering my services to Delta Gamma Center for Children with Visual Impairments.

Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I recognize that, as a volunteer, I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization.

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. I understand that this includes taking personal pictures of volunteers, clients and donors.

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur.

I give my permission to use photographs taken of me while serving as a volunteer for Delta Gamma Center.

I am aware that as a volunteer I expose myself to potential hazards. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury.

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release Delta Gamma Center from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the individual is a minor (under 18 years of age), a parent or legal guardian should sign the following:**

I HEREBY CONSENT AND AGREE, INDIVIDUALLY AND AS A PARENT OR LEGAL GUARDIAN OF

\_\_\_\_\_, TO ALL THE TERMS AND PROVISIONS STATED ABOVE.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_