



COMMUNITY SERVICES AGENCY
VOLUNTEER RELEASE AND CONFIDENTIAL INFORMATION AGREEMENT

In consideration of the opportunity afforded me to participate as a volunteer for Community Services Agency, I agree as follows:

1. **Volunteer Policy.** I acknowledge that I have received a copy of the Community Services Agency Volunteer Handbook. I understand that I am responsible for knowing and complying with the policies set forth in the Volunteer Handbook during my association with Community Services Agency.
2. **Confidential Information.** Volunteers must ensure confidentiality and privacy in regard to history, records, and discussions about the people we serve. The very fact that an individual is served by this agency must be kept confidential. I hereby agree not to disclose any information regarding services provided to clients through Community Services Agency, including the fact that a person is or is not served by Community Services Agency, to anyone outside of this organization.
3. **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 Community Services Agency, employees, 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 Community Services Agency 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.
4. **Release of Liability.** I hereby agree to save and hold harmless Community Services Agency, its officers, agents and employees, from any and all responsibility and liability for any personal injuries to me, or for any property damage, by reason of any accident or injury that I may suffer or have while using equipment or while participating and/or engaging in my volunteer activity with Community Services Agency, or in any way arising in connection with said activity, program, project; and I further waive any cause of action whatsoever against Community Services Agency, its officers, agents, and employees arising out of, or in connection with, said activity in favor of myself, my heirs or assigns.

I further agree to assume responsibility for any property damage or injury to any person caused by me while using equipment so furnished or while participating in said project, activity, program.

5. **Medical Release.** I release and forever discharge the Release 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 connection with my participation as a volunteer.
6. **Media Authorization.** I hereby consent to and authorize the photographing, interviewing, filming, and or recording of me and authorize Community Services Agency of Mountain View and Los Altos to use such photographs, interviews, videos and recording without compensation, for publicity, training and promotional purposes. I understand that I have the right to establish restrictions or limitations on my consent.

This Agreement will be effective as of the date _____.

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: _____