



Volunteer & Intern Waiver and Release

All volunteers/interns must sign before serving with CLUES, including beginning activities on or about the premises or any other off-site location (including remote/virtual work).

I recognize that, as a volunteer for Comunidades Latinas Unidas En Servicio, Inc. (CLUES) I represent CLUES 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 CLUES and the program, including, but not limited to, CLUES employees, volunteers, clients and visitors. I understand that CLUES has a Volunteer Code of Conduct, and I am expected to behave in a respectful manner consistent with that Volunteer Code of Conduct during my volunteer service with CLUES.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation I observe while volunteering for CLUES. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization, including, but not limited to, CLUES employees, volunteers, clients, and visitors.

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have sensitive, personal and identifying information. I understand that CLUES is governed by state and federal privacy laws including but not limited to HIPAA, HITECH and the Government Data Practices Act. I understand that in the course of my volunteer service at CLUES, I may acquire knowledge of CLUES' proprietary confidential information. I agree to protect CLUES' confidential, proprietary information and intellectual property and to use and disclose such information only as authorized by law, for the use and benefit of CLUES and only to the extent necessary for the performance of my volunteer services with CLUES.

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 acknowledge that there are certain inherent risks arising from and relating to my service as a volunteer, including, but not limited to, physical injury and death. I acknowledge that all risks cannot be prevented, and I assume all risks. I represent that I am physically able, with or without accommodation, to participate in volunteer/intern service, and that I am able to use the equipment and/or supplies described.

Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, I consent to such treatment. I acknowledge that CLUES does not provide health and accident insurance for volunteers/interns, and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify CLUES staff at my volunteer/intern site in writing if I have medical conditions about which emergency medical personnel should be informed.

I agree to have my photo or video taken and published by CLUES. I agree that CLUES may record my voice, name, quotation, likeness, image, and/or appearance ("Images") in any form, including

photography, videography, or digital recording. I understand that CLUES has the full, unrestricted and right to produce, use, copy, distribute, exhibit and transmit Images, including to edit, mix or duplicate, and to use or re-use Images in whole or part. Any recordings taken are the sole, exclusive property and intellectual property of CLUES and CLUES shall decide if, when, and how Images are to be used. I understand that I have no claim to compensation for CLUES' use of my Images. I and anyone else who may have rights through me waive any and all claims I might otherwise have to control my Images I understand that my photo or video may be used in various formats (newsletters, brochures, flyers, and the internet) educating about the different services offered by CLUES.

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 CLUES 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.

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law and CLUES. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances.

I acknowledge that I am an unpaid volunteer and that I am not an employee, agent, partner or contractor of CLUES.

I understand that CLUES disclaims any liability associated with my participation in this program. I agree to release and forever discharge and hold harmless CLUES from any claim or liability that I may have against CLUES with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in the program.

BY SIGNING*, I ACKNOWLEDGE THAT I HAVE COMPLETELY READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature: _____ Date: _____

Print First & Last Name _____

**If you are electronically submitting this document, you agree that your use of a keypad, mouse, or other device to do so constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.*

Thank you for your service to CLUES & our community!
Questions? Please contact CLUES Volunteer Services at volunteer@clues.org.