



Volunteer Confidentiality Agreement

Volunteer Printed Name: _____

Address: _____

Office Phone: _____ Home Phone: _____

Email: _____

Emergency Contact Information:

Name: _____ Relation: _____

Address: _____ Phone: _____

I, _____ ("Volunteer"), on _____ (Date), in consideration of my volunteering with Community Action Council of Howard County, Maryland, Inc. (CAC), agree to the following:

1. Volunteer hereby acknowledges that the CAC has placed Volunteer in a position of trust and confidence and agrees that during his/her volunteering, and at any time thereafter, he/she will not either directly or indirectly disclose to any person, corporation or use for his/her own personal benefit, any materials or information affecting or concerning the CAC's clients, donors, trade secrets, manner of operations, electronic data processing systems, or any other information concerning the business of the CAC ("Confidential Information"), except as required in Volunteers' duties.
2. Volunteer acknowledges the fact that he/she has access to Confidential Information concerning other employees/volunteers, clients and donors of CAC and agrees that during the term of his/her volunteering, and at any time thereafter, he/she will not either directly or indirectly disclose to any persons, or corporations, or avail himself/herself of any Confidential Information concerning the CAC, except as required in Volunteers' duties to the CAC.
3. Upon termination of volunteering, Volunteer will promptly deliver to the CAC all documents, manuals, letters, notes, notebooks, reports, and all other materials of confidential nature relating to the CAC that are in possession of the Volunteer.
4. Volunteer (1) ensures that all information which is confidential, privileged or non-public is not disclosed inappropriately and (2) respects the privacy rights of all individuals in the performance of their CAC duties.
5. Volunteer agrees to abide by all CAC policies and procedures set forth in the CAC Volunteer Manual and will abide by them while in service.

Volunteer's Signature: _____

Date: _____

Consent of Parent/Guardian for Volunteer under Age 18:

Parent/Guardian Printed Name: _____ Date: _____

Signature: _____



Volunteer Waiver and Release of Liability

I, _____, (Volunteer) on _____ (Date) desire to serve as a volunteer for Community Action Council of Howard County, Maryland, Inc. (CAC) and engage in the activities and duties related to being a volunteer. I agree to conduct myself in a professional manner as a representative of CAC. I hereby freely, voluntarily, and without duress execute this Release under the following terms:

I understand that I will serve at the pleasure of Community Action Council of Howard County, Maryland, Inc. (CAC) or their designee and may be dismissed from volunteer duties at any time, with or without cause. I retain a similar right to terminate my relationship with CAC at any time for any reason. Furthermore, it is understood that as a volunteer I may or may not be selected for certain volunteer services, the determination of which shall be made at the sole discretion of CAC.

Release and Waiver: I hereby release and forever discharge and hold harmless CAC, its agents, representatives, employees and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer activities with CAC.

Medical Treatment: I hereby release and forever discharge CAC, its agents, representatives and employees, from any and all claims, liability for injury, illness, death, or property damage resulting from the activities I partake in or that my volunteer child partakes in to myself or to my volunteer child. I understand that CAC does not assume responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness. I also understand and acknowledge that as a volunteer I am not covered by Workers' Compensation insurance or benefits provided hereunder. Each volunteer is expected to obtain his or her own medical or health insurance coverage.

Photographic Release: I understand and acknowledge that CAC reserves the right to photograph program activities and volunteers for publicity purposes. I hereby give consent for CAC to use my/my child's photograph and likeness in its publications, including its website and release them from any expectation of liability. I hereby grant and convey unto CAC all right, title and interest in any and all photographic images and video or audio recordings made by CAC.

Other: I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Maryland, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Maryland. I agree 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 shall continue to be enforceable.

IN WITNESS WHEREOF, I have executed this Release as of the day and year first written above.

Volunteer's Printed Name: _____ Date: _____

Volunteer's Signature: _____

Consent of Parent/Guardian for Volunteer under Age 18

Parent/Guardian Name: _____ Date: _____

Signature: _____