



## VOLUNTEER RELEASE AND WAIVER OF LIABILITY

***Prior to starting work, all Petaluma Bounty volunteers must read and sign this Liability Waiver (parent/guardian signs, if under 18 years of age) & complete the Emergency Contact Information.***

Name: \_\_\_\_\_ Age \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Volunteer Agreements

Petaluma Bounty operates under the Petaluma People Services Center (PPSC). I understand that volunteering with PPSC may involve strenuous physical activity that may be hazardous to me, including but not limited to loading and unloading of heavy items, climbing ladders, picking fruit or vegetables, shoveling, raking, carpentry, earth moving, food preparation and cooking, driving, etc. Volunteer projects often involve working with sharp and sometimes heavy tools and in outdoor conditions, including gardens, farms and orchards. With this knowledge, I agree to behave and work in a safe and responsible manner. I agree to only perform work that I am comfortable doing and that I feel I can accomplish safely. I agree to wear clothes and shoes that I believe will provide appropriate protection according to the work conditions. I understand that I must work safely and that I must treat the property owner's property with respect and care. I, \_\_\_\_\_, a volunteer, and anyone accompanying me, do hereby expressly agree that all our volunteer activities shall be at our sole risk and that neither PPSC, its volunteers or employees; nor the property owners whose property we enter shall be held liable for any claims, demands, injuries, damages, actions, or causes of action whatsoever, to persons or property arising out of or connected with our participation in this organization. This includes injury resulting from using ladders or other equipment. I hereby release PPSC from any and all claims that may arise from or result in any expenses, personal injury, loss or damage incurred to me or by me during my participation in PPSC projects. **I also grant permission for PPSC to use photographs and videos of me (or my minor child) in any promotional, advertising, editorial or fundraising materials for any PPSC programs including but not limited to brochures, social media, slide shows, videos, calendars, cards and the PPSC website.**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. In California, failure to maintain client information as confidential is considered a violation of privacy. Volunteers are acting on behalf of PPSC and are therefore subject to the same requirements and laws regarding confidentiality as employed staff. **Confidential information includes:**

- The fact that a person is or has been a client of PPSC
- Any information given to the volunteer in confidence by the client
- Any information about the client, his/her problems and treatment or contact with the agency

Confidentiality does not include: Suspected child abuse, elder abuse or intent to physically harm one's self or others. (The volunteer coordinator should be called immediately if these issues arise). **Basic principles of confidentiality:**

- All information divulged by the client to an agency representative is held in the strictest of confidence; clients of PPSC are guaranteed this protection by California law.
- The volunteer should not communicate confidential information to anyone outside PPSC.
- Breach of confidentiality is sufficient grounds for termination of volunteer staff.

I have read and understand the above conditions. I shall make my best effort to fulfill my commitment to the PPSC by completing all assignments that I accept. I shall at all times uphold the mission of the agency. All information is to be held in the strictest of confidence.

Volunteer Name (please print) \_\_\_\_\_

Volunteer Signature \_\_\_\_\_

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

Parent or Guardian Signature (if under 18 years old) \_\_\_\_\_

### **In Case of Emergency Notify:**

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### OUR POLICY

It is the policy of PPSC to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.