Homage Senior Services
Well-being as we age

HOMAGE SENIOR SERVICES
VOLUNTEER AGREEMENT AND RELEASE

1715 100Th Pl SE, Everett, WA 98208
Phone: 425.355.1112 / Fax: 425.355.6875 / www.homage.org

Name	Nickname:
Address	
Phone(s)	
Email	
Volunteer Title	
Duties	
Supervisor	
Term of Service	

Initials

_____ **Volunteer Service**: As the undersigned volunteer, I wish to donate my personal time to Homage and enter into this uncompensated volunteer relationship willingly and for my own benefit to further Homage's mission and purpose. I agree to adhere to the volunteer standards and guidelines established by Homage. I desire to volunteer and assist Homage in their provision of services for older adults and/or developmentally disabled adults. I understand that volunteering may involve access to vulnerable adults and/or developmentally disabled persons.

_____ **Compensation**: Without compulsion, pressure or coercion from Homage, either direct or implied, I agree to perform volunteer activities without any actual or expected compensation for my services or donated time. Volunteer understands that Homage does not assume any responsibility for or obligation to provide financial assistance, including, but not limited to medical, health, or disability insurance in the event of injury or illness.

_____ **Confidentiality**: As a volunteer, I agree to treat as confidential and proprietary information all aspects of Homage, including but not limited to client, customer and vendor listings, financial information, personnel data all manuals or other documents belonging to Homage, and other material or information that Homage deems a confidential.

I also agree never, directly or indirectly, to use, disseminate, disclose or otherwise reveal any such confidential or proprietary information or material to any person or entity for any reason or purpose whatsoever without th prior consent and authorization of Homage.

I further agree never to use such information for my own personal benefit and advantage.

_____ **Responsibilities**: As a volunteer I agree to:

- Perform the volunteer duties to the best of my ability and meet time and job assignment responsibilities.
- Follow all rules and procedures, including maintaining the confidentiality of all privileged information.
- Provide adequate notice of any absence.
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- Attend volunteer meetings, orientation, training, and report hours worked each month.
- Act at all times as a responsible team member representing Homage.

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5026 196th St SW Lynnwood, WA 98036-6102
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_____ **Termination**: I realize and agree that any failure to abide within the parameters of my volunteer duties or the guidelines established by Homage may result immediate termination of services, or prohibit me from future volunteering. Since this is a voluntary uncompensated position, either Homage or I may discontinue this volunteer relationship at any time, for any reason or no reason, with or without notice.

_____ **Disclosure of Risk:** Volunteer recognizes that here are many risks associated in their participation as a volunteer that may be hazardous to them, including, but not limited to personal injury, property damage, illnes and exposure to disease. Volunteer understands there may be other risks that are not known or not reasonabl foreseeable by Homage, Volunteer, or any other person, that it is not possible to specifically list each individua risk.

_____ **Assumption of Risk:** I certify that I am physically capable and able to participate in the volunteer activities I am asked to perform. I also certify that I am knowledgeable and/or have experience in operating any machinery, use of tools or application of various products as required for the volunteer activities I am asked to perform.

_____ **Liability Release**: I understand that any volunteer services rendered are performed at my own risk, and hereby release, indemnify and hold harmless Homage, the organizers, the programs in which I volunteer, and sponsors and supervisors of all activities, from any and all liability, claims, and demands in connection with any damage or bodily injury, personal injury, illness, death, property damage or exposure to disease that may result from volunteers, activities whether caused by negligence of Homage, its officers, directors, employees, or agents in conjunction with any volunteer activities I perform. I will immediately report any injury or accident to my agency supervisor and to the supervisor on site for Homage. I agree to complete an Incident Report provided by Homage should an injury/accident occur.

_____ **Insurance**: I understand that Homage does not provide volunteers with benefits traditionally associated with employment and that I am responsible for my own insurance coverage in the event of personal injury or illness resulting from my volunteer activities with Homage.

_____ **Communication Release:** I hereby release the rights to video and/or photographic recording(s) made of me during volunteer activities I perform with Homage. I hereby authorize the editing, duplications, reproduction, copyright, exhibition, broadcast and/or non-profit use and distribution of said recording(s) for purposes deemed suitable by Homage.

I have read and understand the contents of this Volunteer Release Form.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18 yr) _____ Date: _____