|  |
| --- |
| **St. PJ’s Children's Home/Seton Home/Catholic Charities**  **San Antonio, Texas**  **Volunteer Agreement and Release from Liability**  **By signing this form, I understand and agree to the following terms and conditions related to volunteering my services to St. Peter-St. Joseph Children's Home.** **I am aware that this is a release of liability and I sign it of my own free will.** |
| **I recognize that, as a volunteer, I represent the above organization 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. *Please initial here:\_\_\_\_\_***  **I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors). *Please initial here:\_\_\_\_\_***  **I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. Volunteers will not discuss or release ANY Information nor will I take photographs regarding the children at St. PJ’s Children’s Home/Seton Home/Catholic Charities to ANYONE outside of the organization. This includes, but is not limited to the name, physical description, family history, story of abuse, or medical problems *of* any child or resident at St. PJ’s Children’s Home/Seton Home/Catholic Charities. *The very fact that a child Is cared for at* St. PJ’s Children’s Home/Seton Home/Catholic Charities *must be kept confidential. This means employees, consultants, volunteers, Interns, etc. shall not disclose any information about a person, including the fact that the person is at* St. PJ’s Children’s Home/Seton Home/Catholic Charities*, to anyone outside the organization.***  ***Please initial here:\_\_\_\_\_***  **As a volunteer St. PJ’s Children’s Home/Seton Home/Catholic Charities, I am aware of my responsibility to IMMEDIATLEY report Incidents, or suspected beliefs of abuse and/or neglect of children to the TDFPS Hotline at 1-800-252-6400 and to the volunteer coordinator. In accordance with state law, St. PJ’s Children’s Home/Seton Home/Catholic Charities reports Information about abuse or neglect of children to the proper authorities.**  ***Please initial here:\_\_\_\_\_***  **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 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. *Please initial here:\_\_\_\_\_***  **I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury.**  ***Please initial here:\_\_\_\_\_***  **I agree that my assignees, heirs, distributors, 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 St. PJ’s Children’s Home/Seton Home/Catholic Charities 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.**  ***Please initial here:\_\_\_\_\_***  **I or parent/guardian of minor gives St. PJ’s Children’s Home/Seton Home/Catholic Charities the unlimited authority to use and publish in any locality the film, recordings and/or photographs taken of me or minor in whole or in part and authorize use of my name in any form of advertising or publicity. I or parent/guardian of minor have fully read and understand the above and acknowledge this constitutes a full agreement between me and St. PJ’s Children’s Home/Seton Home/Catholic Charities and its affiliates, and I will not receive any compensation for the foregoing in the future from St. PJ’s Children’s Home/Seton Home/Catholic Charities or any other source.**  ***Please initial here:\_\_\_\_\_***    ***Please initial here:* \_** |

**I have carefully read this agreement and fully understand its contents.** Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City Zip Code

Volunteer’s Phone: (cell) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Volunteer's Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_