

## **VOLUNTEER AGREEMENT**

This will serve as an agreement between (Name) \_\_\_\_\_ and *Beach Cities Health District* regarding my volunteer commitment. In exchange for participating in BCHD's volunteer program, I understand and agree to the following volunteer agreement:

### **Volunteer's Responsibility**

I understand and agree that my volunteer responsibilities shall include, but not be limited to:

- Abide by all policies and procedures outlined in the volunteer handbook
- Attend BCHD's volunteer orientation to familiarize myself with BCHD programs and services
- Attend initial training and mandatory ongoing trainings outlined by my volunteer program
- Fulfill agreed upon duties as outlined in the volunteer description as well as other duties and/or requirements as assigned (e.g., agreed schedule and dress code)
- Keep track of all volunteer hours and turn in a BCHD time sheet by the 5<sup>th</sup> of each month
- Fill out or turn in any additional paperwork (e.g., process notes, CPR certification, copy of car insurance and driver's license) that is required by my specific volunteer program

### **Volunteer Status**

I understand that my volunteer status with BCHD is "at will" and that the District or I may terminate my volunteer status with BCHD at any time for any reason.

### **Anti-Harassment Policy**

I have received a copy of the BCHD Anti-Harassment policy. I understand that it contains important information on the District's anti-harassment policy. I understand and acknowledge that I am expected to read, understand, and adhere to the policy and will familiarize myself with it.

I also understand that I am governed by the contents of this policy and that the District may change, rescind, add, or modify terms of the policies, benefits, or practices described in it (other than the "at will" policies) from time to time in its sole and absolute discretion with or without prior notice. The District will advise employees and volunteers of material changes within a reasonable period of time.

### **Confidentiality and Confidential Information**

BCHD maintains confidential information of our clients, business operations, employees and overall dealings of the District. BCHD is legally and morally obligated to ensure the protection of such confidential information. Confidential information includes, but is not limited to, such things as client lists, client names, personnel files, financial and marketing data, compensation data, addresses, phone numbers, medical history data and trade secrets. As a volunteer, you may need to access this information. I agree not to share such information with individuals outside of the District and will disclose such information with other volunteers and employees only when there is a need for such persons to have access to confidential information.

**Waiver of Liability**

I understand that I must carry automobile liability insurance for any driving I do related to my volunteer assignment(s). My volunteer activities may also expose me to risks of injury, illness, and accidents such as any bodily injuries at the District’s site, inter-action with District personnel, volunteers, client, and vendors. These risks may include, but is not limited to, slips, falls, accidents, exposure to infections, assaults, torts of any kind, and any risks associated with volunteer activities. I hereby agree to fully accept any and all risk of injury, illness and death that may result from my participation in the volunteer program and hereby fully release BCHD from any and all liability or damages for claims I may have relating to my work as a volunteer.

**Photo Release Authorization**

By signing this agreement, I hereby authorize BCHD to use my (or my son/daughter’s) image in its publications, including but not limited to the Livewell magazine, brochures, flyers, the Web site, and audiovisual presentations. I understand that this image may be disseminated to print or broadcast news media to publicize services and programs of BCHD and may appear in local, regional, or national publications. I understand that my image becomes the property of BCHD and I waive all rights/privileges associated with this image. I hereby release BCHD from any liability that may result from the use of my (son/daughter’s) image as part of publicity efforts by BCHD.

**Volunteering with Special Needs Populations or Independent of Supervisor**

I understand that in order to volunteer in programs for children, seniors, or those where the volunteer work does not include direct supervision from a BCHD staff person, I must submit to the following pertaining to my program (which the requirements can be found in my volunteer description):

1. Submit to a background check (18 years or older)
2. Submit to a drug screen
3. Provide proof of current TB test or submit to TB test
4. Submit to a DMV check and provide current copies of driver’s license and car insurance if required to drive

***I have read and understand all terms of the policies, benefits, and practices described in the Beach Cities Health District Volunteer Agreement.***

Signature: \_\_\_\_\_

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

*For youth volunteers under the age of 18, parental consent is required.*

Parent Signature: \_\_\_\_\_

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

Please return this application and agreement Attn: Volunteer Services:

Mail: 1200 Del Amo Street; Redondo Beach, CA 90277

Fax: (310) 374-0966 Email: [volunteers@bchd.org](mailto:volunteers@bchd.org)