



Volunteer Acknowledgement and Waiver

Please read the following carefully

Confidentiality

Jewish Family & Career Services appreciates the contributions of its volunteers. You are a welcomed and essential part of the service we provide to the many people in our community. A cornerstone of our services is the privacy we extend to the people we serve.

To ensure and protect our clients' privacy, you must:

- Not disclose any client information that you may have access to or accidentally come upon at JF&CS, including, but not limited to, the identity of clients served or any information about their diagnosis or treatment.
- Refrain from discussing with others of the people you may see receiving services.
- Not repeat any information that is revealed to you by JF&CS clients in a confidential manner.
- Not take any photos of clients or other volunteers while working on this project without express permission from JF&CS staff and clients.
- Not post anything on social media, and not email or text anything that includes information about or photos of our clients or volunteers without express permission from JF&CS staff.
- Not disclose information about client behaviors and/or interactions you may observe while working alongside clients. If any behavior/interaction is concerning, please privately discuss with the project supervisor or the Services Manager at the time of the incident or as soon as possible thereafter.

JF&CS expects agency volunteers to abide by the same regulations regarding the protection of clients' privacy as its employees. Clients trust in the professionalism of the agency and its representatives, and they deserve our respect.

Health and COVID-19 Waiver:

I acknowledge the importance of protecting the health and safety of fellow volunteers, JF&CS staff, and JF&CS clients. I agree that I am (and the minors under my supervision are) not experiencing any symptoms of illness such as a fever, cough, or shortness of breath, and I have not experienced such symptoms for at least five days prior to my

shift at JF&CS. If I (or the minors under my supervision) develop these symptoms or have otherwise exhibited such symptoms in the last five days, I agree that I will cancel my shift before arriving at JF&CS, as far in advance as possible. I further understand that there is no direct medical health coverage afforded to me during my relationship with JF&CS (as further explained below). I acknowledge and agree that any person entering the JF&CS premises waives all civil liability against JF&CS for any injuries caused by the inherent risk associated with contracting COVID-19 at public gatherings, except for gross negligence, willful and wanton misconduct, reckless infliction of harm, or intentional infliction of harm, by JF&CS.

Waiver and Release of Liability:

I, the Volunteer, release and forever discharge and hold harmless JF&CS 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 the services I or the minors under my supervision provide to JF&CS. I understand and acknowledge that this Release discharges JF&CS from any liability or claim that I or the minors under my supervision may have against JF&CS with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I or the minors under my supervision provide to JF&CS or occurring while I or the minors under my supervision are providing volunteer services.

Insurance: I further understand and acknowledge that JF&CS does not assume any responsibility for or obligation to provide me or the minors under my supervision with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of an injury, illness, death or damage to property. I expressly waive any such claim for compensation or liability on the part of JF&CS beyond what may be offered freely by JF&CS in the event of such injury or medical expenses incurred by me or the minors under my supervision.

Medical Treatment: I hereby Release and forever discharge JF&CS from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my or minors under my supervision tenure as a volunteer with JF&CS.

By clicking 'Accept,' you acknowledge that you have read and agreed to abide by the Jewish Family & Career Services above policy regarding privacy and confidentiality, the Health & COVID-19 Waiver, and the Waiver and Release of Liability.

This waiver covers all participating family member volunteers in your party.