



Volunteer's Liability Waiver, Confidentiality Agreement & Media Release

This form must be signed by all Volunteers (Participants)

I, the undersigned Participant, acknowledge that my participation in the Program is voluntary and at my own risk. I affirm that I am physically fit and able to offer volunteer services at any Catholic Charities of the Archdiocese of Washington (CCADW) facility. I understand that as a volunteer, I am not covered by CCADW under any type of workers compensation program should I be injured by my participation in the Program.

By signing below, I certify that I will not create or contribute to an unsafe condition nor use any tool or engage in any task in which I do not have experience or training. I agree to abide by all applicable federal, state and local laws, as well as the rules and directions of the Program Manager at the facility or the program where I am assigned a volunteer role.

I, the undersigned participant, further agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to release **CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON (CCADW)**, its officers, directors, agents, employees, volunteers or other representatives, from and against any and all claims, including but not limited to injuries, liabilities, losses or damages, arising from or in any way connected with participation in the Program.

All volunteers and others working on behalf of CCADW must be aware that confidential information must be effectively protected. Volunteers in some programs may have access to the records of people receiving services from CCADW. An individual's information or any other confidential information must not be shared by volunteers with anyone outside CCADW, even in casual conversation. Do not discuss information about people receiving services, in the presence of others who also receive services.

As a volunteer I am obligated to protect the interest of Catholic Charities and its clients. I agree not to solicit nor accept gratuities, favors, or anything of monetary value from Catholic Charities clients or solicit them to become clients of a business with which I am affiliated. I understand that I must disclose, to the staff person managing my volunteer role, all situations that might be considered a possible conflict of interest as soon as I become aware of them.

Finally, I hereby grant **CATHOLIC CHARITIES OF THE ARCHDIOCESE OF WASHINGTON** full and complete permission to use in reasonable and legitimate business purposes of the Program: photographs, video shots, media coverage and quotations from me. I hereby waive any and all claims that I might otherwise have for invasions of privacy as well as any and all claims for payment or royalty in connection with any showing of said materials and agree that my consent confers me no rights of ownership whatever.

Signature of Participant

Date

Printed Name of Participant _____