



VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY

By voluntarily participating at or with PATH and PATH Ventures, I, the Undersigned, release PATH and PATH Ventures from any liability, action, claims, expenses or compensation related to my participation with PATH and PATH Ventures, and any incidents arising in connection to my activities with PATH and PATH Ventures.

I acknowledge that my services at PATH and PATH Ventures will be voluntary and I understand that I will be a volunteer and not an employee for Worker's Compensation claims as provided in Section 3353 of the California Labor Code, or any other reason. I acknowledge that I will not be able to claim for Worker's Compensation benefits should I suffer an injury during the performance of my volunteer/community service duties. I agree to assume all risks connected with my volunteer/community services. I further agree to release PATH, PATH Ventures, its employees, volunteers, or clients from any and all liability, claim, demand or cause of action or litigation arising out of personal injury, illness, death or property damage that I may suffer while performing volunteer/community service work.

I agree that I will not name, or have named, any of the parties mentioned above as defendants or cross-defendants in any litigation arising out of my volunteer/community service work. I further agree that I will save and hold harmless these parties from any other claims, demands, and causes of action or litigation arising out of said services including but not limited to actual damages, general damages, punitive damages, attorney fees and cost suit.

Furthermore, I as a volunteer agree that I will not disclose or use any of PATH's and PATH Ventura's confidential information, either during or after my time volunteering. PATH and PATH Ventures have a legal and ethical responsibility to safeguard the privacy of all clients and protect confidentiality and security of all health information.

Lastly, the event organizers and other participants may take photographs and video with sound during the event. By registering for this event, I give consent for the organizers, sponsors, and other participants to publicly use these materials on the internet and/or broadcast without additional notice and without compensation in perpetuity. Individuals will never be identified by name in any of the materials unless prior written consent has been obtained from those individuals. If you do not wish to appear in any photos or videos, please inform the Volunteer Ambassador, shelter staff members, or Development Associate for Volunteers.

I hereby warrant that I am under/over eighteen years of age and competent to contract in my own name insofar as the above is concerned. I have read the foregoing release, authorization and agreement, before affixing my signature below and warrant that I fully understand the contents thereof. Refusal to sign this release will resort in my exclusion from participating in PATH's volunteer programs.

Signature*

Date*

Print Name*

Program/Event Participating in (ex. PATH Cooks) *

E-mail / Phone Number*

Address/ City / State/ Zip*

For people under the age of 18, a parent or guardian's name and signature is required:

Name of child(ren) (Printed)*

Parent/Guardian Name (Signed) *

Description of appearances in photo/video:

Parent/Guardian Name (Printed) *

(Ex. Blue jeans, white sneakers, red baseball cap, green shirt).

I do not wish to be in any photos/video.

REQUIRED FIELDS*

INTERN/VOLUNTEER

Ethics and Boundaries Acknowledgement



PATH employees, volunteers and interns have a professional and personal obligation to conduct PATH related business with the highest degree of professionalism, ethics and therapeutic boundaries. Resulting from our work at PATH, we as employees, interns and volunteers have the privilege to build rapport with clients, learn about their lives, help them through emotionally challenging times, and ultimately be a part of very important moments in their lives. These moments in our clients' lives should be treated with respect, professionalism and a high degree of ethical responsibility. In order for PATH to ensure the clients we serve are not harmed in any way during the course of employment, internship or volunteer experience, the following items must be agreed to and practiced.

- Always maintain a respectful approach and demeanor toward clients.
- Do not loan or give money to clients independent of the PATH direct client assistance funds designated for the program.
- Do not accept any money or form of payment from a client during the course of employment, internship or volunteer experiences.
- Politely decline and do not accept gifts or personal favors from clients.
- Do not personally hold or take responsibility for a client's personal property.
- Do not transport clients in your personal vehicle. Do not accept a ride from a client.
- Limit physical touch of clients to only what is professionally appropriate. Do not engage in any type of personal or inappropriate relationship with clients at any time.
- Do not provide clients with your personal email, phone number, social media accounts, or home address.
- Limit discussion of your personal life with clients - instead, focus on getting to know them and how PATH services can help the client achieve their housing, health and personal goals.
- Maintain confidentiality standards while employed, interning and volunteering at PATH and after term of service has ended, as set forth in HIPAA regulations and PATH policies.
- Do not take photos with clients, unless PATH staff have been notified and PATH Photo Release Forms have been signed prior by both parties.
- Please keep in mind that the population you are serving includes individuals who may have been exposed to trauma and are on the road to recovery. Therefore, some of the clients you encounter may have trouble engaging in a socially acceptable manner or may cause a disruption during the course of your engagement. If you experience a client behaving inappropriately during programming, please notify your supervisor or designated point person immediately. The supervisor should then flag an on-site PATH or PATH Ventures staff person and report the incident to the PATH Development staff team member via phone/email.
- If at any time your safety is in danger or if you are in need of immediate assistance, please call 911.
- It is your professional responsibility to notify your supervisor immediately, if at any time you, a fellow employee, intern or volunteer violate one of these professional boundaries.

Signature of Volunteer or Intern

Date

On behalf of PATH and those we serve, thank you for following these items. Should you have any questions or concerns, feel free to contact J.V. Vallejos, Associate Director Philanthropy & Community Affairs at jv@epath.org. Thank you

Communicable Disease Waiver for Volunteers

I, the undersigned volunteer, hereby acknowledge and agree to the terms and conditions outlined in this Communicable Disease Waiver ("Waiver") with PATH ("Organization"). This Waiver is designed to protect both the volunteer and the Organization from potential risks associated with communicable diseases. Please read this document carefully and make sure you understand its contents before signing.

Assumption of Risk:

I understand that by volunteering for the Organization, there may be potential exposure to communicable diseases, including but not limited to viruses, bacteria, and other pathogens. I acknowledge that participation in volunteer activities carries inherent risks and that these risks cannot be completely eliminated.

Compliance with Guidelines:

I agree to comply with all guidelines, instructions, and protocols provided by the Organization regarding communicable disease prevention and control. This includes, but is not limited to, practicing proper hygiene, wearing personal protective equipment (if required), maintaining physical distancing, and following any additional safety measures specified by the Organization.

Health Status:

I hereby affirm that I am in good health and have not been diagnosed with any communicable disease within the last 14 days. I agree to notify the Organization immediately if my health status changes or if I develop any symptoms associated with a communicable disease.

Voluntary Participation:

I understand that my participation in volunteer activities with the Organization is entirely voluntary. I acknowledge that I have been given the opportunity to ask questions and seek clarification regarding any concerns I may have before signing this Waiver.

Release of Liability:

In consideration of being allowed to volunteer for the Organization, I hereby release, discharge, and hold harmless the Organization, its officers, employees, agents, and representatives from any and all claims, liabilities, damages, costs, or expenses, including but not limited to medical expenses, arising from my participation in volunteer activities, except for claims arising from the gross negligence or willful misconduct of the Organization.

Confidentiality:

I understand and agree that I may have access to confidential information about the Organization, its clients, or other individuals during my volunteer work. I agree to maintain the confidentiality of such information and not to disclose it to any unauthorized person or entity.

Governing Law and Severability:

This Waiver shall be governed by and construed in accordance with the laws of California. If any provision of this Waiver is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

I have read and understood the terms and conditions of this Communicable Disease Waiver and voluntarily sign it, intending to be legally bound by its terms.

Printed Name: _____



Signature: _____

Date: _____