



#HereForGood

VOLUNTEER LIABILITY WAIVER AND RELEASE

Berkshire United Way

I, for myself and my heirs, executors, administrators, and assignees, hereby release, indemnify, and hold harmless local governments; the Commonwealth of Massachusetts; the Medical Reserve Corps; local boards of health and health department; Citizen Corps; the Berkshire United Way and the organizers, sponsors, and supervisors of all emergency and disaster preparedness, response, and recovery activities from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence) in connection with any volunteer effort in which I participate. I likewise hold harmless from liability any person or agency transporting me to or from any emergency or disaster relief activity.

In addition, emergency or disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes.

I will abide by all safety instructions and information provided to me during relief efforts. Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the Commonwealth of Massachusetts, and that if any portion thereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me, and acknowledge that my ability to participate is consistent with the Volunteer Guidelines provided by Berkshire United Way and BCBOHA. I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

VOLUNTEER CONFIDENTIALITY AGREEMENT AND CODE OF CONDUCT

Consistent with applicable state and federal laws, the principles of ethics of both the American Medical and Hospital Associations, and established policies and procedures for individuals who may come in contact with patients, information, and records, whether medical, financial, or any other; whether electronic, written, spoken or signed, I agree to safeguard and protect confidential information.

- I understand that accessing confidential information or allowing access by unauthorized individuals, whether intentional or not, or any other breach is grounds for immediate and permanent dismissal and will be investigated and possibly reported to applicable local, state, and federal authorities.
- I acknowledge my legal and ethical obligation to maintain the confidentiality of all information pertaining to the volunteer job position and other volunteers, staff, and clients.
- I understand that the unauthorized access, use, copy, disclosure, or dissemination of any confidential information or records whether stored in hard copy, film, or electronic form is strictly prohibited.
- I will contact my supervisor immediately if I think any confidential information may have been compromised.
- I understand that I am to maintain this confidentiality agreement even after I leave the volunteer position.
- I agree to abide by the Volunteer Code of Conduct as shown on the back of the Volunteer Instructions.
- I agree that my personal information may be used to conduct background checks, including CORI/SORI.
- I certify that all the information I have provided is true to the best of my knowledge.
- I acknowledge that I have read the forgoing provisions and agree to abide by their terms.

Print Name		
Signature		Date
Print Guardian Name		
Guardian Signature if Under 18		Date
Print Witness Name		
Witness Signature		Date