



## Volunteer Agreement and Release

*Our volunteers are truly the heart and soul of HUGS. Your compassion and enthusiasm plays a vital role in our commitment to serving our HUGS client families. Therefore, in order to ensure a more meaningful and successful volunteer relationship with HUGS, we ask that you very carefully read and agree to the following codes of conduct.*

### **Confidentiality**

I acknowledge and agree that all communications with **HUGS** clients, client information, client confidences and interactions, and any and all other information obtained from any source involving or relating to a client or any member of a client's family is **STRICTLY CONFIDENTIAL** and may be divulged and/or discussed only with **HUGS** staff members and/or health professionals properly identified as being actively involved in the client's case. I understand that failure to respect and protect the confidentiality of **HUGS** client family information will result in dismissal from the volunteer program.

### **Incident Reporting**

I acknowledge and agree to **REPORT IMMEDIATELY** to **HUGS** staff members, any incident, accident, or suspicion of abuse, threat of physical harm or self-abuse in which I am involved, am witness to, or that comes to my attention directly or indirectly while volunteering. I understand that it is a priority of **HUGS** to keep clients, volunteers, and staff members in a safe and caring environment.

### **Commitment**

I acknowledge and agree that I will make every effort to fulfill my voluntary commitment of 10 hours of service to HUGS within a six (6) month period. I understand that I should only sign up for events in which I am sure I can arrive promptly and remain throughout my entire scheduled shift. In the event that I have a personal emergency and am unable to perform my shift, I will notify **HUGS** immediately so that a replacement volunteer can be called. I will make sure to call and cancel if I am not feeling well physically (cough, sore throat, fever, cold symptoms, open wound, rash, recent exposure to infectious disease) or emotionally.

### **Photograph/Video/Audio/Social Media Release**

I agree and authorize **HUGS** to use my image and/or voice in, but not limited to, **HUGS** publications and social media. I understand that any funds that may be raised for **HUGS** arising out of the use of my image or voice will go directly to **HUGS** and I will not receive or be entitled to any monetary compensation. I also understand that I should not use my personal phone, camera or other device to record images or voices of **HUGS** client families, staff, volunteers or other participants at any **HUGS** event without written consent from **HUGS**.

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*I, \_\_\_\_\_, for myself and my heirs, successors and assigns, do hereby release, forever discharge and hold harmless HUGS from and on account of any and all claims, damage or injury of whatever name and nature, arising out of or in any way connected with my volunteer service. I have carefully read and agree to abide by the above code of conduct in my volunteer service with HUGS.*

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Volunteer name (please print)

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Parent/ Guardian name (please print) for volunteers under 18 years old

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Volunteer signature

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Date

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Parent/Guardian signature

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Date