



# VOLUNTEER ACKNOWLEDGEMENTS & RELEASES

## 1. Volunteer Confidentiality Statement

I understand and acknowledge that, in accordance with CRISTA and HIPAA regulations, I must hold in confidence all information regarding residents of Cristwood Retirement Community. I will not violate the confidential relationship between the programs, their residents, family, staff and volunteers. I will not remove, from the facility, any written records or copies. I accept full responsibility for maintaining the confidential and private nature of all records, residential contracts and information. I will respect the privacy of the people whom I serve and confer appropriately only with my designated supervisor, the administration and /or Volunteer Coordinator.

## 2. Release of Liability

I hereby release and forever discharge CRISTA from any and all claims, actions, damages, liabilities, costs or expenses and attorney fees which are related to, arise out of, or are in any way connected to my volunteer service. By signing this agreement, I intend to waive my rights to sue or seek damages from CRISTA; except when injury, death, or disabilities results from CRISTA's gross negligence.

## 3. Wage Entitlement

I understand and acknowledge that I am not a CRISTA employee and am not entitled to wage, salary, or benefits applicable to CRISTA employees. CRISTA assumes no responsibility for withholding income tax, social security, or any other compensation, or for providing insurance of any kind, including worker's compensation insurance, all of which will be my sole and exclusive responsibility.

## 4. Volunteer Badge

I understand and acknowledge that once I am a CRISTA volunteer, I will be issued a volunteer identification badge. I will be responsible for this badge and I will wear it to identify myself when I am on the CRISTA campus volunteering.

## 5. Photo Release

When I am volunteering at CRISTA I understand and acknowledge that my photo maybe taken during my volunteer activity. I permit CRISTA to use my name, photograph, picture, voice, or likeness (collectively "image") for any lawful purpose including fundraising, promotions, marketing, etc. I understand that I will not receive compensation for CRISTA's use of my image and I waive the right to inspect or approve the same. In addition, in accordance with CRISTA Senior Living regulations, I will not use names, photographs, pictures, voice or the likeness of any CRISTA staff or residents without prior explicit written approval.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_