



Please Provide Three Community References Not Related to You. (Include Name/Address/Phone)

1.

2.

3.

## VOLUNTEER AGREEMENT

Please initial next to each box to give your consent.

**Confidentiality**

Any information provided about the clients of The Charity Guild is to be kept in the strictest of confidences. None of the information exchanged about individuals, organizations or client cases will be discussed or shared outside of my official responsibilities with The Charity Guild.

**Photo Release**

I understand that promotional pictures (individual and group) may be taken during volunteer hours. I give permission for my photo to be taken and potentially used in Charity Guild promotion materials.

**Medical Release**

I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may arise in connection with execution of volunteering, as well as any necessary hospitalization.

**Consent & Liability Waiver**

I do hereby release, hold harmless and discharge The Charity Guild, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my volunteering. I waive such claims against the organization that might arise directly or indirectly from any action or omission to act by the organization or persons in connection with volunteering unless the parties involved were careless or negligent.

**Consent for Criminal Background Check**

I agree to permit an investigation of my criminal background (CORI), for the purpose of volunteering at The Charity Guild, Inc.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Guardian (if under 18)*

\_\_\_\_\_  
*Date*