



VOLUNTEER PARTICIPATION AGREEMENT AND RELEASE

I, the undersigned, do waive and release Chapman Partnership, and their corporate members, affiliates, employees, officers, directors and agents ("Released Parties") from any expenses, costs, claims, or liability for any injury or damages I may incur in any way associated with my participation in volunteer activities.

I understand that my volunteer activities involve some risk, and I hereby agree to assume such risk as a condition of my acceptance and participation in these activities.

I understand and agree that all voluntary activities must be approved in advance by Chapman Partnership and that all activities undertaken will be deemed to have been understood and accepted by Volunteer and all associated risks hereby assumed by Volunteer.

I hereby grant the Released Parties full authority to take whatever actions they may consider in their sole discretion to be warranted under the circumstances concerning my health and safety and I fully absolve the Released Parties from any liability or costs associated with such decisions or actions that may be taken in connection therewith. I authorize the Released Parties, at their discretion, to place me, at my own expense and without further consent, in a hospital that is readily available and/or to place me in the hands of a physician for treatment, should the need arise.

Signature of Participant _____ Date _____

Please Print Name _____

Emergency Contact Name _____

Telephone Number _____

Relationship _____

IF VOLUNTEER IS A MINOR

I certify that I am the parent/legal guardian of the above-signed applicant and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of the Release (including such part as may subject me to personal financial responsibility), and hereby relinquish any rights that I may have against the Released Parties as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant.

Signature of Parent/Guardian _____ Date of Birth _____

Child's Name (Please Print Name) _____

ORGANIZATION NAME: _____

Fraternization

Because fraternizing with residents may cause conflicts of interest or the appearance of favoritism, volunteers may not fraternize with residents. Examples of fraternization include, but are not limited to:

- Interacting with residents away from your volunteer assignment
- Transporting residents in your personal vehicle
- Engaging in a monetary transaction with a resident, including borrowing or receiving money
- Exchanging phone numbers with a resident
- Hiring a resident to work at any other company or organization without first obtaining approval from the Case Manager
- Engaging in or attempting to engage in a romantic or sexual relationship with a resident

Any volunteer who violates this policy is subject to immediate termination.

Social Media Notice

In order to protect the privacy of our residents, especially minors and children, we request that no photos be taken that can identify a resident. Please refrain from taking and posting pictures that show any minor's face.

Please do not tag any resident or use their names in any social media postings. In addition, please do not mention the name of any resident (child or adult) school or their place of employment.

Thank you for understanding and we appreciate your cooperation.

Contact and Release Form

I hereby authorize Chapman Partnership and/or its designated representative(s) to photograph/videotape/audiotape me. I authorize the use of such photos/video/audio recordings of me or my child/ward for use now and in the future for the sole purpose of promoting Chapman Partnership.

Please check one:

- ☐ I accept.
☐ I decline.

Date

Signature

Print Name