**HOPE Atlanta Volunteer Waiver and Release**

**Volunteer Waiver**

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of HOPE Atlanta, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors and administrators to release and discharge HOPE Atlanta, their officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold HOPE Atlanta, their officers and directors, employees, agents and volunteers harmless from any cause or action, claim or suit arising therefrom. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release. Adult parents, guardians, and group chaperones assume liability for youth under 18 who are with their group.

**Photo Release**

Photos of you may be taken during today’s events. By agreeing, you give permission to HOPE Atlanta, Inc. to use the photos without compensation to you. Photos and /or videos may be used on the internet, in newspapers, television or some other form of public media. If you do not wish to have your photo taken today, please let the kitchen manager or volunteers know and you may move to an area that is not being photographed. By providing your email address, you give permission to HOPE Atlanta to add you to our monthly e-newsletter. If you do not want your picture taken today, please find your volunteer opportunity manager and ensure they are aware.

**Understanding of Client Confidentiality**

All client information, personal, therapeutic, and social, is confidential and should not be discussed with anyone outside of HOPE Atlanta. Thus, all personal material that a client shares with a volunteer is considered confidential. Within HOPE Atlanta, the information should be shared only with HOPE Atlanta staff members; therefore, a volunteer will share no information about a client with anyone other than supervisory person(s) the volunteer has been designated to report to at HOPE Atlanta. by choosing "I agree", I acknowledge that I have requested to be a volunteer at HOPE Atlanta. I understand that as a volunteer I may have access to confidential information regarding clients. I have read HOPE Atlanta’s policy on confidentiality and understand that any information that I learn about a client cannot be disclosed outside of the organization. I understand that the law provides for possible civil and criminal penalties for disclosure of confidential information. I have read and agree to abide by the policies written above.

**Volunteer and Food Safety**

*All food preparation,serving and/or food distribution- volunteers* ***must wear gloves and face masks*** *while handling food and beverages and wear closed toed shoes.*

All volunteers should refrain from smoking during the volunteer experience. If you injure yourself while serving, please alert HOPE Atlanta Staff to ensure access to the first aid kit. In addition, please refrain from providing money or use of electronics to clients. Please refer them to the program manager or social work intern if they ask for these items.

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

Name of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_