



CSB of Middle GA

CIVIC ORGANIZATION AGREEMENT AND WAIVER OF LIABILITY

As a condition of volunteering to provide assistance at the Community Service Board of Middle Georgia (CSBMG) I _____ (representative of organization) agree to the following on behalf of all participants:

- I agree that if the organization or any participant in the organization is exposed to any confidential and/or personal information regarding any consumer of the CSBMG, we shall never disclose or reveal such information to anyone who is not an employee of the facility in which I am providing our volunteer services.
- I agree that while we are at any facility of the CSBMG, that we will comply with the CSBMG's Official Administrative Policy and any program procedures, as well as any and all other related rules and regulations including the laws of the State of Georgia and DBHDD guidelines as they apply.
- If so requested, I agree that all participants will wear an agency issued identification badge at all times while on duty and dress appropriately according to the CSB of Middle Georgia's dress code.
- I agree that we will accept supervision and direction and work as a member of a team with all employees and other volunteers of the CSB of Middle Georgia.
- I agree that all participants will refrain from the use of illegal drugs or alcohol immediately before or during the organization's volunteer time at the CSBMG.
- I agree that all participants will refrain from abusive language or behavior during the organization's time at the CSBMG.
- I agree and understand that neither the organization, nor the participants, are entering into an employment relationship with the CSB of Middle Georgia and that neither the organization nor the participant are entitled to receive a salary or any employee benefits. I understand that either the CSBMG or I may terminate this relationship at any time, for any reason, or for no reason, without notice.
- I agree that all participants understand that the safety and well being of the consumers, employees, and volunteers of the CSBMG is paramount, and for this reason, I agree that if any participant has a conviction for any criminal offense including but not limited to any sex crime, violent crime, or drug related crime, they are disqualified from participating with the organization's project at the CSBMG.
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I agree that on behalf of all participants, I hereby release the CSBMG from liability for any loss, damage, or injury (including death), which any participant may sustain as a result of their duties. I agree that each participant will be solely responsible for any such loss, damage or injury.

ACKNOWLEDGEMENT

I HAVE READ THIS AGREEMENT AND I UNDERSTAND THIS AGREEMENT and on behalf of my organization, I agree to the terms listed above. On behalf of my organization, I am aware that by signing this agreement, each participant waives certain legal rights.

Signature of Civic Organization Authority

Printed Name of the Civic Organization Authority

Signed this ____ Day of _____, _____

CMHC FORM # 688 (OAP 170-1)