



CSB of Middle GA

VOLUNTEER AGREEMENT AND WAIVER OF LIABILITY

As a condition of volunteering to provide assistance at the Community Service Board of Middle Georgia (CSBMG) I agree to the following:

- I agree that if I am exposed to any confidential and/or personal information regarding any consumer of the CSBMG, I shall never disclose or reveal such information to anyone who is not an employee of the facility in which I am providing volunteer services.
- I agree that while I am volunteering at any CSBMG facility location, I 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.
- I agree to wear a volunteer identification badge at all times while on duty and to dress appropriately according to the CSB of Middle Georgia’s dress code.
- I agree to 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 to refrain from the use of illegal drugs or alcohol immediately before or during my volunteer shifts.
- I agree to refrain from abusive language or behavior during my volunteer shift.
- I agree and understand that I am not entering into an employment relationship with the CSB of Middle Georgia and that I am not entitled to receive a salary or any employee benefits. I understand that either the CSBMG or I may terminate this volunteer relationship at any time, for any reason, or for no reason, without notice.
- I agree that the safety and well being of the consumers, employees, and volunteers of the CSBMG is paramount and for this reason, I give my permission for the CSBMG to conduct a background check.
- I agree that if I have a conviction for any criminal offense including but not limited to any sex crime, violent crime, or drug related crime, I am disqualified from participating as a volunteer at the CSBMG and will notify the CSBMG volunteer supervisor or personnel officer immediately before signing this agreement.

I agree to hereby release the CSBMG from liability for any loss, damage, or injury (including death), which I may sustain as a result of my volunteer duties. I agree to be solely responsible for any such loss, damage, or injury.

ACKNOWLEDGEMENT

I HAVE READ THIS AGREEMENT AND I UNDERSTAND THIS AGREEMENT and I agree to the terms listed above. I am aware that by signing this agreement, I am waiving certain legal rights. (Those individuals under the age of 18 years must have this form signed by a parent/legal guardian.)

Signature of Volunteer (or Parent/Legal Guardian- if under 18 years of age).

Printed Name of Volunteer

Signed this ____ Day of _____, _____

CMHC FORM # 687 (OAP 170-1)