

Children's Cancer Connection Volunteer Waiver

First Name: _____ Last Name: _____

PLEASE READ CAREFULLY AND SIGN BELOW

By signing below, I certify that the answers and information set out on my volunteer application are accurate, and complete, to the best of my knowledge. I acknowledge that if any answer or information is not accurate, or complete, I may not be asked to provide volunteer services.

I authorize Children's Cancer Connection to investigate all statements contained in this application for volunteer services, as well as my character and qualifications. I release Children's Cancer Connection from all liability for acts performed in good faith and without malice in connection with the investigation of my background and evaluation of my application.

I authorize my past and present employers, volunteer organizations, and others with information regarding my work, volunteering, or my character, to provide Children's Cancer Connection with all information requested and to operate fully with the inquiry of my character and qualifications. I also release those employers, references, and others from all liability for providing information in good faith and without malice.

I understand and agree that the relationship between myself and Children's Cancer Connection is voluntary and may be terminated at any time by either party.

I understand that as a volunteer, I must conform to all of Children's Cancer Connection rules and regulations, including those in the volunteer manual.

I understand that my volunteer commitment at Children's Cancer Connection includes a responsibility to keep information confidential. Names, diagnoses, and other patient information must not be shared. My commitment to confidentiality extends to all communications.

INDEMNIFICATION: I agree to indemnify and hold harmless Children's Cancer Connection from any loss including any claim for liability that Children's Cancer Connection may incur due to my participation in volunteer activities. I will also indemnify and hold Children's Cancer Connection harmless from any costs or attorney fees related to any claim related to my participation.

This Agreement shall bind the member(s) of my family including my spouse, my heirs, assigns and personal representative.

I authorize the use of and publication of any interview, photograph, or other recording of me taken during my volunteer period at Children's Cancer Connection. I consent to publication by news media, in promotional media or in any manner authorized by Children's Cancer Connection. Additionally, Children's Cancer Connection may also publish my name as a volunteer in any manner authorized by Children's Cancer Connection.

I have read and I understand this Volunteer Waiver. My signature is voluntarily. No oral representation, statements or inducements have been made; I am at least eighteen (18) years of age and I am competent to execute this release.

Signature: _____ Date: _____

Guardian Signature (if under 18): _____ Date: _____