



## Volunteer Confidentiality Agreement

Volunteer Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ ("Volunteer"), on \_\_\_\_\_ (Date), in consideration of my volunteering with Early Connections Learning Centers, Colorado Springs, CO agree to the following:

1. Volunteer hereby acknowledges that Early Connections Learning Centers (Early Connections) has placed Volunteer in a position of trust and confidence and agrees that during his/her volunteering, and at any time thereafter, he/she will not either directly or indirectly disclose to any person, corporation or use for his/her own personal benefit, any materials or information affecting or concerning Early Connections clients, donors, trade secrets, manner of operations, electronic data processing systems, or any other information concerning the business of Early Connections Learning Centers ("Confidential Information"), except as required in Volunteers' duties.
2. Volunteer acknowledges the fact that he/she has access to Confidential Information concerning other employees/volunteers, clients and donors of Early Connections and agrees that during the term of his/her volunteering, and at any time thereafter, he/she will not either directly or indirectly disclose to any persons, or corporations, or avail himself/herself of any Confidential Information concerning Early Connections, except as required in Volunteers' duties to Early Connections.
3. Upon termination of volunteering, Volunteer will promptly deliver to Early Connections all documents, manuals, letters, notes, notebooks, reports, and all other materials of confidential nature relating to Early Connections that are in possession of the Volunteer.
4. Volunteer (1) ensures that all information which is confidential, privileged or non-public is not disclosed inappropriately and (2) respects the privacy rights of all individuals in the performance of their Early Connections duties.
5. Volunteer agrees to abide by all Early Connections policies and procedures set forth in the Volunteer Manual and will follow them while in service.

**Volunteer's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Consent of Parent/Guardian for Volunteer under Age 18:

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



## Volunteer Waiver and Release of Liability

I, \_\_\_\_\_, (Volunteer) on \_\_\_\_\_ (Date) desire to serve as a volunteer for Early Connections Learning Centers, Colorado Springs, CO and engage in the activities and duties related to being a volunteer. I agree to conduct myself in a professional manner as a representative of Early Connections Learning Centers. I hereby freely, voluntarily, and without duress execute this Release under the following terms:

**I understand that I will serve at the pleasure of Early Connections Learning Centers or their designee and may be dismissed from volunteer duties at any time, with or without cause.** I retain a similar right to terminate my relationship with Early Connections Learning Centers at any time for any reason. Furthermore, it is understood that as a volunteer I may or may not be selected for certain volunteer services, the determination of which shall be made at the sole discretion of Early Connections Learning Centers.

**Release and Waiver:** I hereby release and forever discharge and hold harmless Early Connections Learning Centers, its agents, representatives, employees and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer activities with Early Connections Learning Centers.

**Medical Treatment:** I hereby release and forever discharge Early Connections Learning Centers, its agents, representatives and employees, from any and all claims, liability for injury, illness, death, or property damage resulting from the activities to myself or to my volunteer child. I understand that Early Connections Learning Centers does not assume responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness. I also understand and acknowledge that as a volunteer I am not covered by Workers' Compensation insurance or benefits provided thereunder. Each volunteer is expected to obtain his or her own medical or health insurance coverage.

**Photographic Release:** I understand and acknowledge that Early Connections Learning Centers reserves the right to photograph program activities and volunteers for publicity purposes. I hereby give consent for Early Connections Learning Centers to use my/my child's photograph and likeness in its publications, including its website and release them from any expectation of liability. I hereby grant and convey unto Early Connections Learning Centers all right, title and interest in any and all photographic images and video or audio recordings made by Early Connections Learning Centers.

**IN WITNESS WHEREOF**, I have executed this Release as of the day and year first written above.

Volunteer's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_

### Consent of Parent/Guardian for Volunteer under Age 18

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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