

North Fulton Community Charities

Community Service Volunteer Agreement

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Approved/date

Name: _____ Birth Date: _____

(Please use the same name and phone number each time you sign in.)

Address: _____ Zipcode _____

Phone: _____ e-mail: _____

The following rules apply each time you perform community service work for NFCC:

- Workers must serve a four hour minimum shift. A 30 minute break will be allowed after five hours have been worked.
- Failure to sign out at the end of a shift will disallow the hours for that shift.
- We do not permit flip flops, bare midriffs, spaghetti straps, short shorts or low hanging pants.
- Cell phone usage, including text messaging, is strictly prohibited
- Shopping is not permitted during service hours.
- You are responsible for securing your own possessions (ie, cell phone, coat, sunglasses, purses, etc.). It is recommended that these items be locked in your car.
- **IMPORTANT:** Please request letter confirming hours worked 48 hours before needed.

WAIVER, RELEASE, HOLD HARMLESS AND CONFIDENTIALITY AGREEMENT

I, _____, understand and agree that, while providing services as a volunteer ("Services") to North Fulton Community Charities, Inc. ("NFCC"), there are certain risks (some of which I may not fully recognize) and that injuries, death, property damage or other harm could occur to me during or resulting from the provision of the Services, including injuries incurred as a result of lifting heavy objects. I, therefore, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I accept and voluntarily incur all risks of any injuries, damages or harm which arise during or result from my provision of the Services, whether or not caused in whole or in part by the negligence or other fault of NFCC or its directors, officers, employees, agents or insurers (the "Released Parties").
2. I waive all claims against and hold harmless any and all of the Released Parties for any injuries, damages, expenses, liabilities, losses or claims, whether known or unknown, which arising during or result from my provision of the Services, whether or not caused in whole or in part by the negligence or other fault of any of the Released Parties, and forever release and discharge the Released Parties from all such claims.
3. I understand that confidentiality concerning information pertaining to NFCC and its clients is important and agree to maintain as confidential information or knowledge gained through my volunteer Services. Generally speaking, all information that is not publicly available or in the public domain is considered "confidential." I agree to maintain such confidentiality while working as a volunteer at NFCC and thereafter. I further understand that my violation of this confidentiality provision could result in immediate release from NFCC.
4. It is my express intent that this Waiver, Release, Hold Harmless and Confidentiality Agreement ("Agreement") shall bind my successors, assigns, heirs, and personal representative.
5. I acknowledge and agree that this Agreement will be construed in accordance with the laws of the State of Georgia.
6. By signing below, I acknowledge and represent that I have read and understand all of the foregoing, have been advised that I should consult with my own legal counsel prior to signing this Agreement, hereby execute this Agreement voluntarily, as my own free act and deed and that no oral representations, statements or inducements have been made by any of the Released Parties in connection with this Agreement. I further acknowledge that the NFCC Training Video and NFCC Volunteer Handbook have been made available to me.

Signature of Volunteer: _____ Date: _____

(If Volunteer is under 18 years of age) Signature of Parent: _____

Date: _____

In case of emergency, call: Name: _____ Telephone: _____