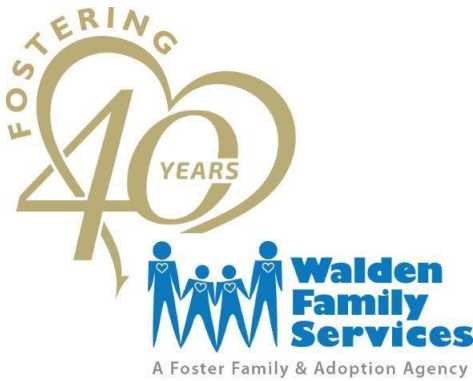


**Volunteer Contract and Ethics Agreement
Flex Waiver and Photo Release**



I, _____, of my own free will, have decided to assist Walden Family Services in its nonprofit mission by volunteering my services. The volunteer work that I am performing is for my own benefit and the benefit of the general public. In consideration of my participation as a volunteer, I agree as follows:

Initial: _____

I understand, intend, and agree that I am a volunteer, and I intend any services I perform under this Agreement to be performed strictly in a volunteer capacity. I further understand and agree that I will not be entitled to compensation for my services from Walden Family Services. My time and service in this volunteer capacity are given without promise, expectation or receipt of any form of compensation, benefits or other remuneration for this service. I further understand and agree that I do not and will not become an employee of the Agency for any purpose by reason of the services I am volunteering.

Initial: _____

I recognize that as a volunteer of Walden Family Services:

- I represent Walden to the public.
- I accept responsibility for this status and will conduct myself in a professional manner.
- I will be clean and sober when conducting business for Walden Family Services.
- I will not participate in, and will report any instances of harassment, exploitation, and/or intimidation.
- I will work to maintain an atmosphere of physical and emotional safety for everyone associated with Walden Family Services, including employees, volunteers, clients, donors, and visitors.

Initial: _____

I am aware that as a volunteer for Walden Family Services:

- My volunteer work may involve physical activity, and I am sufficiently physically healthy to engage in any such activity without risk of harm to myself or others.
- I assume the risk of exposure to potential hazards which include, but are not limited to, back injury from lifting, car accidents, property damage or injury to others in car accidents, and/or falls and potential hazards have been explained to me.
- I am not eligible for employee benefits, including health insurance and workers compensation benefits.
- I am responsible to carry personal medical insurance to cover any injuries that I incur while performing volunteer services.

Initial: _____

I agree that as a volunteer for Walden Family Services:

- I assume all risks of the activities and services at my assignment.

Volunteer Contract and Ethics Agreement Flex Waiver and Photo Release

- I, my assignees, heirs, distributees, guardians, and/or other legal representatives, release Walden Family Services, its Board of Directors, employees and agents from any and all claims for injury or damage arising out of activities or services at my volunteer assignment.
- I further agree, for myself and for my heirs, successors and assigns, that I shall defend, indemnify and hold harmless Walden Family Services, its Board of Directors, employees, and agents from and against any losses, claims, expenses and demands, including attorneys' fees, that are related, directly or indirectly, to any injury, illness or death arising from or in connection with activities at my volunteer assignment.

Initial: _____

I agree that as a volunteer for Walden Family Services:

- I have a valid driver license and automobile liability insurance policy as required by California law.
- I will maintain my license and insurance in good standing for my entire tenure as a Walden Family Services volunteer.
- I will provide a copy of my driver's license and insurance to Walden Family Services.
- I am knowledgeable of and agree to abide by local and state traffic laws.
- I will not drive while under the influence of alcohol and/or other intoxicating substances.

Initial: _____

I hereby give Walden Family Services my free and unlimited consent and permission to:

- Receive, use, publish, copy, reproduce, edit, adapt, distribute, transmit, broadcast, display, modify, exhibit, and otherwise make use of, with or without identification of me by name any photographs, videos, or audios of myself that have been obtained from my participation in Walden Family Services activities ("the photos" noted below).
- The rights granted by me in this release are worldwide, royalty-free, irrevocable and perpetual in nature.
- I shall not gain any ownership rights or other proprietary rights in or to any uses of the Photos.
- I shall not gain any rights in or to any products that are created, designed, manufactured, produced, marketed, sold, or otherwise associated with use of the Photos or any part thereof.

Initial: _____

- I hereby release and discharge Walden Family Services from any and all claims and demands arising out of or in connection with the use of the Photos, including any and all claims for libel. This authorization and release shall also inure to the benefit of the legal representatives, licensees, and assigns of Walden Family Services, as well as the person for whom they took the Photos.

Initial: _____ *(leave blank if not applicable)*

I attest that I am over 18 years of age, and that I have the legal authority to execute this agreement on my behalf.

Initial: _____ *(leave blank if not applicable)*

I am the parent or guardian of the minor volunteer identified in this document. I consent to my minor child volunteering with Walden Family Services. I have the legal authority to execute this agreement on the minor child's behalf. For myself and on behalf of my minor child, I agree to the terms and conditions of this Agreement and assume full responsibility for ensuring that my minor child complies with all terms and conditions of the Agreement.

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All volunteers will meet applicable program, contract, licensing and related requirements, and will need the following prior to beginning their volunteer service:

1. HHS Health screening report with negative TB/Drug Screen
2. Criminal Record Statement
3. Child Abuse Central Index Clearance
4. Department of Justice Criminal Statement Clearance
5. FBI Clearance
6. Fingerprint Clearance- Request for Livescan Service
7. DMV printout
8. Copy of valid Driver's License
9. Copy of valid Auto Insurance Policy & Registration
10. First Aid/CPR Certification (may be required for certain positions)
11. 3 Employment references

All Volunteers agree to pay for pre-employment screenings i.e. Health Screens & Livescan Fingerprinting. Upon meeting 100 hours of volunteer service, Walden Family Services will reimburse those costs to volunteer upon submission of receipts.

All volunteers are required to notify Walden Family Services Human Resources and the Executive Director within 48 hours after any arrest for criminal activity that occurs subsequent to their initial clearance.

Human Resources

Julie Smith
(619) 727-5879
jsmith@waldenfamily.org

Executive Director

Teresa Stivers
(619) 727-5881
tstivers@waldenfamily.org

DO NOT SIGN BEFORE READING THIS DOCUMENT IN FULL

My signature acknowledges that I have read, understand, and agree to the above-mentioned terms, conditions and expectations.

Volunteer Signature

Date

Volunteer Name (printed)

Parent/Guardian Signature (if volunteer is under 18)

Date

Parent/Guardian Name (printed)