



VOLUNTEER WAIVER

Volunteer Name:

Check here if Volunteer is under age 18:

Contact Email:

Parent or Legal Guardian Email (required if Volunteer is under age 18):

Address:

Phone:

Emergency Contact Name:

Emergency Contact's Relationship to Participant:

Emergency Contact's Phone Number:



WAIVER AND RELEASE FORM

By signing below, I, the Volunteer (or Volunteer's legal guardian on behalf of Volunteer), enter into this agreement and confirm my understanding of and agreement to the following:

Safety and Conduct

I will comply with Araminta's Volunteer policies, expectations, and guidelines for safety and conduct. I understand that Araminta does not tolerate bullying, harassment, threatening language or behavior, or violence of any kind. I understand that noncompliance will result in termination of my Volunteer status.

Volunteer Status

I understand that I am not an employee of Araminta and will not be compensated for participation as a Volunteer or be eligible for any of Araminta's employee benefits.

Awareness and Assumption of Risk

Volunteering has normal risks that may arise through activities such as but not limited to lifting objects or other physical exertion; using tools or sharp objects; exposure to weather, dust, or noise; and interaction with other individuals. I assume and accept any and all risks including but not limited to property damage or loss, loss of privacy, injury, illness, or death that may arise from my presence at Araminta facilities or participation in Araminta activities.

Waiver and Release of Claims

I waive and release Araminta and its board of directors, employees, and other volunteers from any and all claims and liabilities arising from my participation as a Volunteer. I will not sue Araminta on the basis of these waived and released claims.

Disclosure of Medical Conditions

I understand that I am responsible for knowing my own physical condition and limits and making my own decisions about volunteering. I will disclose all medications and conditions relevant to my Volunteer participation to the appropriate Araminta staff, including but not limited to chronic conditions such as asthma, allergies, seizures, or diabetes. I understand that certain medication or health conditions could affect my safety or that of others at Araminta. I consent to Araminta sharing this information with health professionals or first responders if I become ill or injured while at Araminta facilities or during Araminta activities.



WAIVER AND RELEASE FORM (page 2)

Medical Care Consent

I authorize Araminta to provide me emergency assistance and transportation. I understand that Araminta is not obligated to provide this care. I also understand that I am responsible for any costs related to my medical treatment and transport, and that Araminta does not provide insurance coverage for Volunteers.

Transportation

There may be times when I volunteer to drive program participants or other individuals in my personal vehicle. Prior, I must submit proof of current insurance coverage and valid driver's license to Araminta. It is my responsibility as a Volunteer to ensure my insurance carrier is aware that I may be transporting others, ensuring the appropriate limits and liabilities are included in my personal policy. Further, I am responsible to inform Araminta of any changes in driving status, such as a suspension of a license. If I am involved in a motor accident while participating in Araminta activities, I must report it to the Volunteer Coordinator or Araminta leadership immediately. I will ensure that all passengers and I wear seatbelts, and I will ensure I have proper car and/or booster seats when transporting a child. In accordance with Maryland law, I will not text while driving and will talk on a cell phone only while parked or (only if necessary) in hands-free mode.

Applicable to All Volunteer Work

I understand this Agreement applies throughout the duration of my participation as an Araminta volunteer.

I have read this Agreement and understand its terms. I sign it freely and voluntarily.

Signature of Volunteer

Date

Signature of Parent/Legal Guardian if applicable

Date

Participant Name (if parent/guardian signs)



CONFIDENTIALITY AGREEMENT

Araminta considers certain organizational information to be confidential and/or proprietary. Araminta also takes very seriously the confidentiality of individuals served by the organization and follows federal confidentiality and privacy guidelines under the Department of Justice’s Office for Victims of Crime. Any information related to Araminta program participants is considered private and confidential and should not be communicated with anyone, including friends or family, without proper authorization.

As an Araminta Volunteer, I agree to follow these guidelines:

- I will not share, reveal, or transmit any details (including names) or information I learn, whether directly or indirectly, about program participants or their children to anyone outside of Araminta, including family and friends, unless authorized to do so.
- Araminta’s office location is undisclosed. I will not share the address or identifying details with anyone unless authorized to do so.
- I will not access, remove, share, reveal, or transmit any confidential, private, or proprietary information or documentation without authorization. I will consult Araminta staff for guidance as needed, and I will immediately inform Araminta staff of the loss of confidential or private documentation. I will also return all property belonging to Araminta, including documents and materials, immediately following the end of my position as a Volunteer.
- I understand that Araminta follows MANDATED REPORTING GUIDELINES, and *confidentiality cannot be maintained in certain circumstances*. If I am aware of the following, I will report it to Araminta immediately; if I suspect imminent danger or threat of harm, I will report it to law enforcement:
 - A person makes threats of bodily harm or death to themselves or another person.
 - Child abuse, sexual abuse, or neglect (not previously reported) is suspected with a minor or person in need of assistance (dependent adults and elderly).
 - A court order has been issued regarding information to which I am privy.

Signature of Volunteer _____ Date _____

Signature of Parent/Legal Guardian if applicable _____ Date _____

Participant Name (if parent/guardian signs) _____



MEDIA CONSENT AND GUIDELINES

Use of Image

Unless I indicate otherwise, I consent to Araminta’s use of my image, likeness, voice, name, quotations, and story, in original or edited form, in Araminta’s digital and print promotional, fundraising, educational, and other communications. Araminta may use them without obtaining my approval or compensating me for such use, in perpetuity. I waive any legal claims related to such use, including claims relating to copyright or rights of publicity or privacy.

Anyone who does not agree to the Use of Image section above should indicate this by marking the box below:

*By checking this box, I am indicating that I **do not** agree to this consent.*

Media Requests

As a Volunteer of Araminta, I understand that at no time am I authorized to speak on behalf of the organization to media or in public forums without consent. If approached for a comment or information, I will refer the inquiry to the Volunteer Coordinator or Araminta leadership.

Online Posting

I understand that I am prohibited from posting any images of or information about any program participant or child served by Araminta.

Rights

If I am asked to take photos or videos, or to design an image, as a Volunteer, I grant full rights to Araminta to use these works for organizational communications purposes in perpetuity.

Signature of Volunteer _____ Date _____

Signature of Parent/Legal Guardian if applicable _____ Date _____

Participant Name (if parent/guardian signs) _____



BOUNDARIES AND RELATIONSHIPS POLICIES

- I will not engage with program participants or their children/family outside the scope of my Volunteer position. I will not introduce program participants or their children/family to my family, friends, or acquaintances, and I will not bring them to my home.
- I will not accept social media connection requests from current or former program participants.
- I will not engage in intimate, sexual, or romantic relationships with program participants.
- I will not financially aid current or former program participants or their children/family without Araminta approval and oversight. I will not give or accept gifts, gratuities, monies, services, purchases at a discount, entertainment, or other favors to or from program participants or their children/family. Appropriate exceptions include small gifts with nominal value; when giving or accepting any gift of any value, I must report it to the appropriate Araminta staff.
- All tangible needs or financial need requests must be made to and provided through the appropriate Araminta staff member in order to protect Volunteer relationships.
- I will not procure, sell, give, or attempt to procure, sell, or give alcoholic beverages, drugs, controlled substances, or illicit substances to program participants or the child of a participant.
- I will not provide housing or transportation to program participants or their children without approval and oversight.
- I will not abuse program participants or their children in any way, whether provoked or not. Suspected abuse will be reported and investigated.
- Araminta was founded in Christian ideals and motivation, but all services are offered without spiritual coercion. As a Volunteer, I will not share my personal faith beliefs without permission, and I will respect others' right to end a conversation or remove themselves from a situation in which they do not feel comfortable. I will also allow others to express their beliefs without judgment.
- I understand that as an Araminta volunteer, I may decline to volunteer in any capacity or situation that conflicts with my personal beliefs and that I am encouraged to discuss any such conflicts with the Volunteer Coordinator or other Araminta leadership.

Signature of Volunteer

Date

Signature of Parent/Legal Guardian if applicable

Date

Participant Name (if parent/guardian signs)