

## **VOLUNTEER SERVICE AGREEMENT & RELEASE**

Thank you for choosing to volunteer your time with the Cuyahoga County Division of Children and Family Services (“CCDCFS”). Before your volunteer experience begins at CCDCFS, you are required to review and sign this agreement. You will be held responsible for the information contained herein.

### **Professional Expectations**

CCDCFS requires its volunteers to comply with certain professional expectations. Please review such expectations, below:

1. Your CCDCFS I.D. badge must be easily visible on your person at all times during the volunteer experience. The CCDCFS I.D. badge must be returned to CCDCFS once the volunteer experience is completed.
2. Smoking and tobacco use is prohibited in all areas of CCDCFS, including entrances, parking lots, or public bathrooms.
3. The manufacturing, distribution, dispensation, purchase of, possession, sale or use of drugs while volunteering is prohibited. Failure to comply with this require will result in an immediate dismissal by CCDCFS.
4. No regular cell phone, picture-taking cell phone, or video cell phone use is allowed anywhere within CCDCFS. All cell phones must be turned off while volunteering. No volunteer should take any photograph during the volunteer experience.
5. All volunteers are required to record their hours on the sign in sheet offered by CCDCFS.
6. Volunteers are strictly prohibited from copying, reproducing, scanning or taking photographs of any forms, documentation or written materials housed at CCDCFS.
7. Volunteers are asked to notify the Outreach Coordinator if they are unable to fulfill their scheduled time commitment.

### **Illness & Injury**

If you become ill or injured during the volunteer experience, you must do the following:

1. Notify the Outreach Coordinator (if possible, given nature of injury).
2. Seek medical attention, as appropriate. Note that your personal health insurance is the primary responder in case of an accident or injury. As a volunteer, you are not covered under the CCDCFS workers compensation program.
3. Volunteers shall perform volunteer services as their own risk. Volunteer shall accept responsibility for any bodily injury, death or property damages that occurs during the performance of the volunteer services.

### **Confidentiality**

I understand and agree that any information concerning or acquired during the volunteer services, including any information related to juvenile court cases or proceedings, any children

or their families, or any other individuals or business (“Information”) is CONFIDENTIAL under Ohio law and/or the terms of this agreement. I understand that information involving CCDCFS staff members, volunteers, clients, or other persons involved with CCDCFS shall also be kept confidential. I agree that I will not discuss or otherwise disclose any Information to anyone except an employee or authorized representatives of CCDCFS who is bound by the same confidentiality terms as those in this agreement. I agree that the purpose of this agreement is to protect both CCDCFS and anyone who is the subject of Information from disclosures contrary to the terms of this agreement.

I agree that unauthorized dissemination of the Information is in violation of section 2151.421 of the Ohio Revised Code. I understand that pursuant to Ohio law, anyone who permits or encourages unauthorized dissemination of the Information violates section 2151.99 of the Ohio Revised Code and such a violation is a misdemeanor of the fourth degree.

**No Compensation**

I expressly agree that my services are being provided as a volunteer and that I will not be an employee of CCDCFS. I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these voluntary services. I agree to be bound by the rules, policies and procedures of CCDCFS, and agree to participate in any training required by CCDCFS in order for me to perform the voluntary services that I am offering.

**Release**

By signing this form, I acknowledge that I have completely read and fully understand the above agreement and agree to be bound thereby. I hereby agree to release and/or waive any and all claims against the County, its officers, officials, directors, board members, employees, and agents, related to the volunteer service or activities performed pursuant to this agreement.

Signature of applicant:

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Date:

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Telephone:

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E-mail:

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