



Lincoln County Council on Aging
1380 Boone Street, Troy MO 63379
(636) 528-7000

Volunteer Information Sheet

Date _____

Name _____
Last First MI

Address _____
City State Zip Code

Home Ph _____ Work Ph _____ Cell Ph _____

Email _____

In case of emergency, contact _____

Relationship _____ Telephone _____

Hobbies:

Past experience, related training, skills:

What volunteer job(s) are you interested in?

1. _____ 2. _____

3. _____ 4. _____

When are you available to work?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Type of position interested in: Regular Emergency Occasional Special events

(For office use only)

Volunteer position assigned:

HIPAA Volunteer Confidentiality Agreement

I acknowledge that during the course of performing my assigned duties at Lincoln County Council on Aging I may have access to, use, or disclosure confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after my volunteer service and commit to the following obligations:

- A. I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties.
- B. I will request, obtain or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties.
- C. I will immediately report any unauthorized use or disclosure of confidential health information that I become aware of by contacting the LCCOA Administrator.

I understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action up to and including, termination of my volunteer service.

Name (Printed)

Signature

Date

Center

LCCOA Volunteer Statement of Understanding

(Adopted January 15, 2011)

- I will volunteer with Lincoln County Council on Aging without monetary compensation.
- I have received a copy of the handbook, and I have read and understand the responsibilities outlined in the LCCOA Volunteer Handbook.
- I will sign out and report volunteer hours.
- When I want/need information or support, I will ask the appropriate person.
- I will be aware of my commitment to LCCOA and will communicate to the site manager or volunteer coordinator when my commitment is waning.
- If I decide to discontinue or am unable to fulfill my volunteer responsibilities, I will notify the site manager or volunteer coordinator.

Name

Signature

Date

Center

Release and Waiver of Liability

(Adopted January 15, 2011)

This **Release and Waiver of Liability** is executed on this _____ (date) by _____ (Volunteer) in favor of Lincoln County Council on Aging, a nonprofit corporation, its directors, officers, employees and agents (collectively, "LCCOA").

The Volunteer desires to work as a volunteer for LCCOA and engage in the activities related to being a volunteer. The Volunteer does hereby freely, voluntarily, and without duress execute this Release of Waiver under the following terms:

1. Waiver and Release.

- a. Volunteer does hereby release and forever discharge and hold harmless Lincoln County Council on Aging 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 Volunteer's work for LCCOA. Volunteer understands and acknowledges that this Release discharges LCCOA from any liability or claim that the Volunteer may have against LCCOA with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for LCCOA.

2. Medical Treatment.

- a. Except as otherwise agreed to by LCCOA in writing, Volunteer does hereby release and forever discharge LCCOA from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for LCCOA.

3. Assumption of the Risk.

- a. The Volunteer understands that the work for LCCOA may include a variety of activities including, but not limited to: working in the LCCOA office; food preparation; moving and transporting of business supplies and/or food stocks incidental to the operation of the agency; and the delivery of meals whether using Volunteer's personal vehicle or a vehicle owned by LCCOA.

4. Insurance.

- a. A Volunteer authorized to use a motor vehicle owned by LCCOA is insured under the applicable LCCOA motor vehicle liability insurance policy. In all other cases, however, the Volunteer understands that LCCOA does not carry or maintain health, accident, liability (including without limitation motor vehicle liability), property loss or damage (including without limitation motor vehicle collision damage), medical or disability insurance coverage for any Volunteer or the

property of any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own automobile, medical or health insurance coverage.

LCCOA Release and Waiver of Liability (Cont.)

5. Photographic Release.

- a. Volunteer does hereby grant and convey unto LCCOA all right, title and interest in any and all photographic images and video or audio recordings made by LCCOA during the Volunteer's work for LCCOA, including but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.

6. Other.

- a. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Missouri. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

By signing below, I hereby give Lincoln County Council on Aging permission to conduct a criminal record check.

Name

Signature

Date

IN WITNESS WHEREOF:
Volunteer has executed this
release as of the day and year
written above.

#1 Witness - _____

Center/Location