



Live Well. Health Matters.

Volunteer Agreement /Parent Consent

This will serve as an agreement between (Student Name) _____ and Beach Cities Health District regarding my volunteer commitment. In exchange for participating in BCHD's volunteer program, I understand and agree to the following volunteer agreement:

Volunteer Status

I understand that my volunteer status with BCHD is "at will" and that the District or I may terminate my volunteer status with BCHD at any time for any reason.

Anti-Harassment Policy

I have received a copy of the BCHD Anti-Harassment policy. I understand that it contains important information on the District's anti-harassment policy. I understand and acknowledge that I am expected to read, understand, and adhere to the policy and will familiarize myself with it. I also understand that I am governed by the contents of this policy and that the District may change, rescind, add, or modify terms of the policies, benefits, or practices described in it (other than the "at will" policies) from time to time in its sole and absolute discretion with or without prior notice. The District will advise employees and volunteers of material changes within a reasonable period of time.

Confidentiality and Confidential Information

BCHD maintains confidential information of our clients, business operations, employees and overall dealings of the District. BCHD is legally and morally obligated to ensure the protection of such confidential information. Confidential information includes, but is not limited to, such things as client lists, client names, personnel files, financial and marketing data, compensation data, addresses, phone numbers, medical history data and trade secrets. As a volunteer, you may need to access this information. I agree not to share such information with individuals outside of the District and will disclose such information with other volunteers and employees only when there is a need for such persons to have access to confidential information.

Waiver of Liability

I understand that I must carry automobile liability insurance for any driving I do related to my volunteer assignment(s). My volunteer activities may also expose me to risks of injury, illness, and accidents such as any bodily injuries at the District's site, inter-action with District personnel, volunteers, client, and vendors. These risks may include, but is not limited to, slips, falls, accidents, exposure to infections, assaults, torts of any kind, and any risks associated with volunteer activities. I hereby agree to fully accept any and all risk of injury, illness and death that may result from my participation in the volunteer program and hereby fully release BCHD from any and all liability or damages for claims I may have relating to my work as a volunteer.

Photo Release Authorization

In exchange for participating in this program, I grant to Beach Cities Health District the perpetual, irrevocable, worldwide, paid-up and royalty free right to reproduce, distribute, prepare derivative works from and otherwise use my image, voice, name and any other identifying feature or characteristics as well as my performance in any event for any purpose.

Parent/Guardian Consent: I certify that I understand the purpose of the Student Board Advisory Committee and practices described in the Beach Cities Health District Volunteer Agreement.

Student Signature: _____ Date: _____

For youth volunteers under the age of 18, parental consent is required.

Parent/Guardian Signature: _____ Date: _____