



Homeless Backpacks Volunteer Confidentiality Release Agreement

This confidentiality Agreement ("Agreement") is made in the State of Washington, County of Thurston and is effective the date indicated below by and between Homeless Backpacks, INC (HBP) and the Volunteer/Recipient whose name is printed below.

Volunteer/Recipient Information:

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Contact in case of Emergency & Phone Number: _____

Volunteering Start Date: _____ Volunteering End Date: _____

My volunteering agreement entails (be specific with tasks, frequency and location):

Please circle days available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday



Volunteer/Recipient Statement:

- I understand Homeless Backpacks, Inc. is a not for profit charitable organization.
- I will not discuss this contract with any other person for any reason or disclose that I have been given this key code.
- I will not give the key code to any other person for any reason.
- I will not bring any other person to the HBP facility without prior permission from a HBP board member.
- I will sign in on the log every time I visit the HBP facility note the date, time and purpose for my visit.
- I will not damage the HBP facility or its contents.
- I will report any release of key code to HBP within 24 hours of disclosure.
- In the event that I no longer will be a volunteer, I will notify HBP within 3 business days in writing.
- I am aware that this agreement shall remain in effect even after I have relinquished my duties associated with the receipt of the key code.
- I will not hold HBP responsible for any injury due to my own negligence.
- I accept all risk and assume responsibility for myself, my personal property and personal safety
- Lastly, I, for myself, my heirs, successors, executors and subrogees, hereby knowingly and intentionally waive and release, indemnify and hold Homeless Backpacks, Inc. their directors, facilitators, agents, employees, board members and volunteers from and against any and all claims, actions, causes for action, liabilities, suits, expenses (including reasonable attorney's fees) which are related to, arise out of, or are in any way connected with my volunteer activity including, but not limited to, negligence of any kind or nature whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my engaging in volunteering whether such damage, loss, injury, paralysis or death results from my negligence of Homeless Backpacks, Inc. or from some other cause. I for myself, my heirs, successors, executors and subrogees, further agree not to sue Homeless Backpacks, Inc. as a result of any injury, sickness, accident, paralysis or death suffered in connections with my volunteering activity for Homeless Backpacks, Inc.

I have carefully read, clearly understand and voluntarily sign this confidentiality waiver and release agreement.

This agreement shall be governed and construed in accordance with the laws of the United States and the State of Washington and Volunteer/Recipient consents to the exclusive jurisdiction of the state courts and U.S. Federal courts located there for any dispute arising out of this Volunteer Confidentiality Release Agreement. Volunteer/Recipient agrees that in the event of any breach or threatened breach by Volunteer/Recipient, Homeless Backpacks, Inc. may obtain, in addition to any other legal remedies which may be available, such equitable relief as may be necessary to protect Homeless Backpacks, Inc. against any such breach or threatened breach.

If any terms of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the this Agreement, including all the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.

I'm accountable to the following Homeless Backpacks Board Member: _____

I have the phone numbers in person I'm accountable to plus the Chair:(initial here)_____

Volunteer Print Name

Board Member or Administrative Coordinator Print Name

Volunteer Signature/Date

Board Member or Administrative Coordinator/Date

