



Confidentiality Statement

Instructions: Please read the following Confidentiality Statement and sign below.

I _____ hereby agree not to disclose to anyone other than an appropriate staff person any matters of a private nature, including material about Our House families or client financial information. I further agree not to discuss Our House matters with the media nor publish material related to Our House or its families/ clients without the prior approval of the CEO. I will respect the privacy of Our House families/ clients and will discuss any issues or concerns with my supervisor or the CEO. Further, I will use in a responsible manner any information gained in the course of my service at Our House.

I have read and understand the foregoing policy of confidentiality and agree to abide by it during my volunteering at Our House and for five years after I terminate my volunteer work for Our House.

Signature _____ Date _____

Volunteer Waiver of Liability

I desire to provide volunteer services with Our House. Accordingly, by my signature below, I acknowledge that I freely and voluntarily execute this release agreeing to hold harmless Our House, its affiliates, directors, managers, and employees from any claim or liability that I may have against Our House, its affiliates, directors, managers, and employees with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my volunteer activities with Our House, whether on-site or otherwise. I further understand that Our House, its affiliates, directors, managers, and employees do not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage.

I represent that I have read and understand the foregoing and that I agree to be bound to it.

Name (Print Please): _____

Signature: _____

Date: _____

*****IF YOU ARE UNDER THE AGE OF 18, THIS WAIVER OF LIABILITY FORM MUST ALSO BE SIGNED BY A PARENT OR GUARDIAN*****

Name of Parent (Print Please): _____

Signature: _____



Image Release Form

I, the undersigned, hereby grant to Our House , Inc., or anyone authorized by Our House, Inc. the right to photograph, record my voice, performances, poses, actions, plays and appearances of me and/or my minor children listed below, and use my picture, photograph, silhouette and other reproductions of my physical likeness.

I hereby acknowledge that I am 18 years of age or older and have read and understood the terms of this release.

Volunteer Printed Name

Volunteer Signature

Date

Parent's Signature if under 18 years old : _____ Date: _____