



VICTIM SERVICE CENTER
OF CENTRAL FLORIDA

Volunteer Release

Name: _____

Date ____ / ____ / ____

Email: _____

Phone Number: _____

Mailing Address: _____

Photo Release:

The undersigned hereby consents to and authorizes the Victim Service Center of Central Florida (VSC), perpetually and exclusively to use and reproduce the undersigned's name, voice, photograph, silhouette and/or all instrumental, musical and other sound effects taken and produced by the undersigned in connection with the production described herein, and to circulate and use the same for any and all purposes in any media now known or herein devised, including but not limited to publication and advertising of every description, including print media, motion pictures, radio, television and the Internet. Furthermore, the undersigned agrees that no advertisement or other material need be submitted to the undersigned for any further approval and VSC shall be without liability to the undersigned for any distortion or illusionary effect resulting from the publication of the undersigned's photograph or likeness by the agency and by third parties out of the control of VSC. No further claim whatsoever arising out of, or connected with, said services shall be made by the undersigned or by the undersigned's heirs, successors, licensees or assignees.

Initial: _____

Liability Waiver:

This agreement releases Victim Service Center of Central Florida (VSC) from all liability relating to injuries that may occur during my volunteer assignment. By signing this agreement, I agree to hold VSC entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence. I agree that I am participating voluntarily and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

Initial: _____



VICTIM SERVICE CENTER
OF CENTRAL FLORIDA

Volunteer Release

Confidentiality of Services Provided:

The rights and dignity of persons served at the Victim Service Center (VSC) will be preserved at all times. There will be adequate space to accommodate privacy and confidentiality of persons served during the intake procedures and counseling sessions. The purpose is to ensure that the VSC preserves the rights and dignity of the persons served at all times.

Confidentiality guarantees the person served the right to privacy. This means that any discussions about the person served, their records, or services shall remain private and confidential. The fact that an individual is a client must be kept private and any disclosure of information can only be made when authorized by the person served, statutes or court.

Initial: _____

Confidentiality Agreement:

As a volunteer of the Victim Service Center (VSC), I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers, staff and the organization. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position at this organization.

I also agree not to discuss these same matters after I have left my volunteer position at this organization. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my volunteer status with this organization.

Initial: _____

ACKNOWLEDGEMENT

I, _____, have read and understand the terms of the photo release, liability waiver, confidentiality of services provided, and the confidentiality agreement. I acknowledge that by signing below, this release will supersede and replace any and all other releases signed by me (whether previously or subsequently), or terms and conditions agreed to or specified by me, in connection with the above waivers.

Signature _____ Date ____ / ____ / ____

Parent/Legal Guardian Signature (if under 18) _____

Relationship to Volunteer _____

Approved By: _____ Date ____ / ____ / ____
