



Strong Families • Thriving Children

2024 Sharin' of the Green Volunteer Waiver

Please bring this completed waiver with you to your volunteer activity.
Brightpoint is required to collect this information for all volunteers for insurance and certification purposes. All information is kept strictly confidential.

Personal Information:

Check here if volunteer is under the age of 18
If under 18, provide parent address/email/phone below.

Volunteer First & Last Name _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail Address: _____ Home/Work (Circle One)

Phone: (_____) _____ - _____ Mobile/Home/Work (Circle One)

Emergency Contact:

Name _____ Phone: (_____) _____ - _____

Relationship _____ Alt Phone: (_____) _____ - _____

Release:

As a volunteer for Brightpoint (Agency), I agree to the following:

1. I understand that my services are donated without any anticipation of remuneration of any kind.
2. I understand that confidential information I may obtain directly or indirectly concerning families, children, or personnel must not be shared with anyone who does not have a need to know the information. This includes but is not limited to personal identification numbers, case specifics, addresses, telephone numbers, financial and health related information.
3. I understand that I am here at will, and that either I or Brightpoint may discontinue my volunteer relationship with the Agency at any time.
4. I understand that Brightpoint does not assume liability or responsibility for my health and safety during my work with the Agency. My work with the Agency is voluntary and under my own discretion.
5. I authorize Brightpoint to use and publish photographic portraits or pictures of myself through any medium for the purposes of advertising and/or publicizing the programs and services of the agency.
6. I will release, waive, discharge and covenant not to sue Brightpoint and its officers, directors, employees, agents, successors and assigns, past and present, and its parents, subsidiaries, and other affiliates with respect to any and all manner of actions, causes of action, suits, debts, claims, demands, sums of money, compensation, contracts, controversies, agreements, promises, damages, costs, verdicts, judgments, liabilities, attorney's fees or costs of any kind or character whatsoever, known or unknown, all potential claims or causes of action of any kind whatsoever arising out of or during the time of your time as a volunteer with Brightpoint thereof including all claims for attorney's fees and costs.

Volunteer Signature

Date

OR Parent or Guardian Signature if under 18

Date



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Thank you for volunteering with Brightpoint!