



child s·h·a·r·e™
SUPPORT • HOPE • ADVOCACY • RESOURCES • ENCOURAGEMENT

Volunteer Release Form & Emergency Information

Date: _____

Name: _____ Indicate: Mr Mrs Ms

Photo Release:

_____ (Initial here) I agree and consent that Child S.H.A.R.E. and it's nominees and assigns, may use the likeness and/or photography, as applicable, or any reproduction (full or partial) thereof, in any form, style, or color, together with any writing and other advertising material, including television, in connection therewith, including the use of my name, as they may select.

The consent and release is given without limitation upon, or liability for, any use for advertising, illustration, publication or broadcast of every kind, or in trade or media, or for any purpose. I further agree that such photography and/or likeness or voice and the film, tape, plates, and negatives thereof, shall be and remain their exclusive property. I further waive any right to inspect or approve the commercial or advertising material.

Confidentiality Statement:

_____ (Initial here) Child S.H.A.R.E. commits to protect the privacy and confidentiality of children and families in the Child S.H.A.R.E. will. As a volunteer with Child S.H.A.R.E., I come into contact with personal and confidential information regarding children and families within the Child S.H.A.R.E. network. I understand and acknowledge that any information obtained in my capacity as a volunteer must be kept confidential. Information includes but is not limited to that obtained through direct contact, documents, files, reports, applications, telephone conversations and email communications. Failure to comply with this provision will result in my subsequent dismissal from the volunteer program.

Terms & Conditions:

_____ (Initial here) I understand that as a volunteer for Child S.H.A.R.E. I will receive no compensation or reimbursement. All hours and resources given to Child S.H.A.R.E. are considered a donation.

_____ (Initial here) I understand that I may be asked to undergo a background check in order to volunteer for certain positions or activities.

_____ (Initial here) I certify that the answers I have given in this application are correct and complete to the best of my knowledge. I acknowledge that any falsification or misrepresentation of this or any other personal records may result in my subsequent dismissal from the volunteer program.

Signature of Applicant: _____ Date: _____

Applicant Name (printed): _____

Emergency Contact Information (person to contact in case of emergency):

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____