



Volunteer Service Agreement

This Volunteer Agreement demonstrates an agreement between the Humboldt Del Norte Independent Practice Association (IPA) and volunteers. The Humboldt IPA is dedicated to ensuring that each volunteer has a quality experience which is both productive and rewarding.

We agree to accept the volunteering services of:

Full Name: _____

Volunteer Role: _____ Program: _____

Volunteer Supervisor and title: _____

Primary Volunteer Duties: _____

Volunteer Schedule (subject to change based on the needs of the program): _____

Humboldt IPA Volunteer Agreements

As a Humboldt IPA Volunteer, I agree to:

- Comply with local laws at all times. If the volunteer has any police contact they need to notify the Humboldt IPA.
- Only undertake duties volunteers are authorized to carry out. (See specific duties related to your volunteer role in the program specific agreements below).
- Operate under the direction and supervision of the supervisor
- Meet time commitments and provide sufficient notice when unavailable
- To dress appropriately and professionally in compliance with the Humboldt IPA dress code. Volunteers are not permitted to wear anything that others may find offensive or that might make people feel uncomfortable. This includes clothing with profane language statements or clothing that promotes causes that include, but are not limited to, politics, religion, sexuality, race, age, gender, and ethnicity. (Dress code specifics are provided in the Humboldt IPA Volunteer Manual).
- No smoking within 30 feet of any buildings.
- Participate in all orientation and training programs.
- Respect confidentiality of the program. Volunteers must adhere to HIPAA laws. Volunteers are not to discuss who is attending the group, and what is shared unless a reportable offense occurs.



Program Specific Agreements:

As a volunteer of the School Based Health Center (SBHC) Boys Club, I agree to the following:

- Participate in a mandated reporter training and adhere to mandated reporter principles
- Participate in school site orientation
- Review and adhere to school site policies and procedures

The Humboldt IPA agrees to:

- Provide supervision and support
- Provide training on the volunteer role and the specific programs
- Provide training pertinent to the organization
- Act as a liaison between the volunteer and any additional site placement
- To treat each volunteer with respect and courtesy at all times
- To be receptive to feedback regarding the project

Volunteer Media Agreement:

- I agree to maintain the confidential information of the organization.
- I understand that all activities and reporting conducted while volunteering is associated with the Organization and must be mentioned and credited in all media presentations, including but not specific to written articles, television, or film.
- Any publicity in association with this project must be approved directly through the Humboldt IPA prior to the occurrence.
- I agree not to post any photos, videos on the internet that are related to this project (including Facebook, Instagram, personal blogs). This does not include sharing or linking media content that originated from The Humboldt IPA (e.g. sharing the Humboldt IPA’s Facebook post/photo).

At the discretion of the Humboldt Del Norte Independent Practice Associations (IPA) management, any violation of the expectations outlined below may lead to the termination of your volunteer position.

My signature on this document indicates that I have read and agree to the terms specified in the volunteer agreement:

Signature: _____ Date: _____

Volunteer Full Name (Printed): _____

Supervisor Name (Printed): _____

Signature: _____ Date: _____



Humboldt IPA

Priority Care Program

Release of Liability & Confidentiality Agreement

I agree and consent to the following:

I am voluntarily participating in the _____
conducted by _____. I recognize that the program may require physical exertion that may be strenuous at times and may cause physical injury and I am fully aware of the risks and hazards involved.

I represent and warrant that I have no medical condition that would prevent my participation.

I agree to assume full responsibility for any risks, injuries or damage know or unknown which I might incur as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness, including death.

I knowingly, voluntarily and expressly waive any claim I may have against the Humboldt IPA/Priority Care Center for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or representatives forever release waive, discharge and covenant not to sue the Humboldt IPA/Priority Care Center or _____ for any injury or death caused by their negligence or other acts.

In addition to the release of liability I will adhere to confidentiality standards regarding any sensitive information shared. This means I will not disclose personal information about any of the participants involved in the event, including names, location of residence.

I have read the above waiver and release of liability and fully understand it contents. I voluntarily agree to the terms and conditions stated above.

_____ **Date:** _____/_____/_____

Signature

Print Name: _____

Humboldt Independent Practice Association

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