

Release of Information

I, _____, hereby grant the Hancock County Agency on Aging, Inc., permission to contact references, employers (current and/or previous) and to complete a law enforcement agency and a Bureau of Motor Vehicles background check as part of the selection process for volunteer participation.

Signature _____ Date _____

Agreement to Participate

I wish to participate as a volunteer in at least one of the events sponsored by the Agency on Aging.

I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my participation in the volunteer opportunity(ies) which I have signed up for. I understand that if I am injured, I am responsible for my health care costs and I agree to **release** the Hancock County Agency on Aging, its Board of Trustees, officers, agents, employees, volunteers or students from any and all claims for injury or illness resulting from my participation in the event(s).

I also understand that the clients of the Hancock County Agency on Aging entrust important information to the agency and the relationship between the client and the agency requires that we maintain their **confidentiality**. This fosters respect and trust. By volunteering for the agency, you are agreeing to maintain the confidentiality of our clients while you are here at the agency as well as after you leave. Any violation of confidentiality seriously injures the agency’s reputation and effectiveness and could lead the agency to refuse to allow you to volunteer for the agency in the future.

Signature _____ Date _____

(PLEASE SIGN BOTH THE RELEASE AND THE AGREEMENT ABOVE)