



BEST POINT

EDUCATION & BEHAVIORAL HEALTH

Empowering individuals. Transforming communities.

Volunteerism

Thank you for agreeing to volunteer with Best Point Education and Behavioral Health, a local non-profit organization organized and governed by the laws of the State of Ohio. Best Point requires that all volunteers understand and agree to all of the participation and release requirements; that all volunteers authorize a verification of the information submitted on their application; and return a completed and signed form prior to participating as a volunteer in any activity connected to or associated with Best Point.

Best Point Volunteer Release and Waiver of Liability

I, _____ (printed name) agree as follows:

In consideration of permitting me or my child to participate as a volunteer at Best Point Education and Behavioral Health, and for other valuable consideration, I acknowledge and agree, for myself and/or for my child, and for my executors, and heirs, and assigns, that there are certain risks of physical injury as a result of my or my child's participation in volunteer activities at TBest Point, and I agree to assume the full risk of any injuries, damages, or loss which I or my child may sustain as a result of participating in any and all activities connected to or associated with Best Point.

Therefore, on behalf of myself and/or my child and any applicable executors, heirs, and assigns, I agree to release, waive, forever discharge, covenant not to sue, indemnify, and hold harmless (collectively, "Release and Waiver"), Best Point and all its directors, officers, employees, teachers, students, agents, any other person related to Best Point, (collectively, the "Releasees"), and other volunteers, from any and all liability, claims, costs or expenses, including attorney's fees, demands, obligations injuries, illnesses, or causes of action of any nature whatsoever (collectively, "Claims") which I might assert, on my own or my child's behalf, and which result in any manner from my or my child's participation in volunteer activities, and I hereby agree to indemnify, defend, and hold harmless the Releasees against any Claims brought by others which result in any manner from my or my child's participation in Best Point's activities.

I understand that Best Point may use my or my child's image, portrait, or photograph for promotional and business purposes, and release Best Point and other Releasees from any liability resulting from such use. I consent to the use of my or my child's likeness for promotional online and print advertising, or in any other media worldwide in connection with volunteering activities with Best Point, without limitation and without additional compensation worldwide, except where prohibited by law.

I represent that I am fully capable of performing the tasks asked of me without causing harm to myself or others, and that if I have any reservations I will immediately inform an employee of Best Point. I affirm that I have not been convicted of any felony. I am under no legal obligation to refrain from working with, participating in, or being present in and around a school or minor children.

I understand that Best Point uses security cameras and video recordings with sound (audio) on its campus. The use of the cameras and video recording is to assist in quality control and in providing for the safety of staff, clients and facilities at all times. Best Point provided information that the restriction of access to the video recording is done to respect the rights of confidentiality of all clients and employees. I understand and agree that in the case of a criminal situation, Best Point may supply authorized and regulatory personnel access to the video recording during the course of an investigation. I voluntarily consent to being monitored through the use of recording systems while volunteering in support of Best Point Education and Behavioral Health.

I acknowledge and agree that I received a copy of the Volunteer Procedures Manual and that it is my responsibility to read, understand, and follow the policies and procedures it contains.

I have received and reviewed the HIPAA Compliance Program of Best Point including the HIPAA Policies of Best Point and the Notice of Privacy Practices Policy, as part of my HIPAA compliance training. I understand and accept the contents of the HIPAA Compliance Program as they relate to my responsibilities at Best Point. I have also had the

opportunity to ask questions to and discuss with the Privacy Officer any aspects of the HIPAA Compliance Program, including the HIPAA Policies and the Notice of Privacy Practices. I recognize that carefully following the HIPAA Compliance Program, including the HIPAA Policies and the Notice of Privacy Practices, is important to Best Point. Among other things, I understand and accept my personal responsibility to access, use and disclose client information only to the extent minimally necessary to fulfill a particular function of my assigned work.

Except as stated on any document I may have attached, as of this date, I have no knowledge of any transactions or events that appear to violate the HIPAA Compliance Program, as I understand same. I recognize my obligation to keep myself updated as to the HIPAA Compliance Program at our office and to report violations or suspected violations of the Program to the appropriate person at Best Point, including the Privacy Officer as soon as I discover the potential violation. I recognize that none of the provisions in the HIPAA Compliance Program, including but not limited to the HIPAA Policies, the Notice of Privacy Practices, or this Affirmation Statement, change my volunteer status.

I understand that all volunteers must either be at least eighteen (18) years old or accompanied by a parent/guardian or an authorized designee approved by parent/guardian while volunteering on behalf of Best Point and participating in activities of Best Point.

I hereby acknowledge that I fully understand and accept the entirety of the foregoing statements. I knowingly and voluntarily accept the Release and Waiver, and agree to be bound by its content and meaning on my own behalf at all times.

Volunteer's Signature: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Date: _____

I hereby knowingly and voluntarily execute this Release and Waiver on behalf of the named minor volunteer, who is under age eighteen (18), and represent and warrant that I am a parent or guardian authorized to execute this Release and Waiver on behalf of such minor.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Best Point reserves the right to use the information provided in this release to contact you. We will not share this information with any third party entities. If you wish to not be contacted on matters that do not pertain to volunteering for The Children's Home, please indicate so by initialing here: _____