



All volunteers are required to have some or all of the following:

If applicable, some volunteers will be required prior to working: Background check, negative TB exam or X-ray and HIPPA Training and sign a HIPPA confidentiality agreement attached; as well as attendance at training sessions provided by DOSS.

Volunteers shall maintain dress and grooming appropriate to the type of work performed.

check if you give permission for your photo/image to be published in the DOSS Newsletter and/or County's Internet site.

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

I further understand that I am an at-will volunteer and that this agreement is not to be construed as constituting a promise of employment or continued volunteer work.

\_\_\_\_\_  
Volunteer Signature Date

\_\_\_\_\_  
Parent Signature (if under 18 years old) Date

\_\_\_\_\_  
Staff Signature Date



PALM BEACH COUNTY DIVISION OF SENIOR SERVICES

AFTER HOURS EMERGENCIES

For RELIEF and Senior Companion Volunteers:

An emergency is defined as: A sudden, generally unexpected occurrence or set of circumstances demanding immediate action.

- For all emergencies, CALL 911 and follow-up with your Supervisor As soon as possible Locate the nearest phone and dial 911. Provide as much factual information as possible regarding the emergency. Clearly state the name and location of the client.
- Contact the DOSS Supervisor assigned to you and report the emergency and action taken.

Should you have any afterhours non-medical emergency while performing your duties as a RELIEF/Senior Companion Volunteer, please call supervisor Renee Buckle-Henry at 561-506-0567 or Jason Josephs at 561-355-4683

\_\_\_\_\_  
Signature Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Staff

\_\_\_\_\_  
Date



## Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in Senior Services Programs, hereinafter called "The Activity", I, \_\_\_\_\_, for myself, my heirs, personal representatives or assigns, or I, \_\_\_\_\_, signed as a caregiver for the participant, do hereby release, waive, discharge, and covenant not to sue the Palm Beach County Board of County Commissioners, Department of Community Services, Senior Services Division, North County Adult Day Program and/or Mid-County Adult Day Program, and their officers, employees, and agents from liability from any and all claims including the negligence of Palm Beach County, Department of Community Services, Senior Services Division, North County Adult Day Care Program and/or Mid-County Adult Day Care Program, their officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD, Palm Beach County Board of County Commissioners, Department of Community Services, Senior Services Division, North County Adult Day Program and/or Mid-County Adult Day Program their officers, employees, and agents, HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including, but not limited to attorney's fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver, assumption of risks and indemnification agreement is intended to be as broad and inclusive as is permitted by law, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

## VOLUNTEER HIPPA CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, have read and understand the Palm Beach County PPM #CW-P-072 regarding the privacy of individually identifiable health information (or protected health information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that I have received training in Palm Beach County policies concerning PHI use, disclosure, storage and destruction.

In consideration of my volunteerism from Palm Beach County, I hereby agree that I will not at any time - either during my volunteerism with Palm Beach County or after my volunteerism ends - use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with Palm Beach County, as set forth in PPM #CW-P-072 (privacy policies and procedures) or as permitted under HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my volunteerism with Palm Beach County, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply Palm Beach County policies and procedures during the course of my volunteerism. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including the termination of volunteerism with Palm Beach County and the imposition of civil penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will survive the termination of my volunteerism with Palm Beach County, regardless of the reason for such termination.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_