



GROUP VOLUNTEER FORM

Dear Group Volunteer,

Thank you for your interest in volunteering for There With Care. We appreciate your time and service on behalf of the families we serve. Below, please find the required information needed for all volunteers assisting with group service projects. Please note that we value your privacy and volunteer forms remain confidential.

Thank you from all of us at There With Care.

GROUP VOLUNTEER INFORMATION

Name of Company/Group: _____

Name of Volunteer Contact _____

E-Mail Address: _____

Phone: _____

Date: _____

PHOTOGRAPHIC AND/OR VIDEO RELEASE

I hereby give my permission to be photographed and/or videotaped, and I understand that the resulting photographs may appear on the website and other marketing materials for There With Care.

For valuable consideration, receipt and sufficiency of which is hereby acknowledged, but without a fee, I hereby irrevocably grant There With Care and its licensees and assigns the right to use all or any part of the photographs and/or video. I agree that I shall have no right, title, or interest in or to the photographs or any version thereof, including without limitation claims based upon right of privacy or right of publicity, or for any fees or other considerations for such use.

This release shall be construed according to the laws of the State of Colorado, without regard to its choice of law provisions.

CONFIDENTIALITY, CONFLICT OF INTEREST AND ETHICS STATEMENT

As a volunteer of There With Care, I have an obligation to the organization I serve, to the general public, and to myself to maintain the highest standards of ethical conduct. I will not commit acts contrary to these standards nor will I condone the commission of such acts by others within the organization. I have a responsibility to:

Confidentiality

Keep confidential information confidential unless legally obligated to do otherwise.

Refrain from using or appearing to use confidential information acquired in the course of my service for unethical or illegal advantage either personally or through third parties.

Conflict Of Interest

Avoid direct or indirect, actual or apparent, conflicts of interest and advise all appropriate parties of any potential conflict, if:

- A There With Care representative's personal business provides goods or services to There With Care for consideration.
- A friend or relative of There With Care representative provides goods or services to There With Care for consideration.
- A vendor or business acquaintance with whom a There With Care representative has an outside business relationship provides goods or services to There With Care for consideration.

Refrain from engaging in any activity that would prejudice my ability or the ability of others to carry out duties ethically.

Refuse any gift, favor, or hospitality that would influence or would appear to influence my actions or the actions of others, for example:

- A There With Care representative receives a referral fee or preferential discount, gift, or other valuable consideration from a vendor, paid promoter, fund-raising event sponsor, or any other outside party, for referring There With Care business to such party.

RELEASE OF LIABILITY

Participants hereby release and agree to indemnify and hold There With Care harmless for, from and against any and all liability, damages and claims (“claims”) of any kind, known and unknown, which may be connected with, result from, or arise out of care or services provided by There With Care including, but not limited to, claims involving economic loss, illness or medical condition, accidental injury or death, suffered by any of the participants. Such services include without limitation the delivery of food, clothing, transportation, professional services, therapeutic support, home maintenance, and other product services. Participants hereby acknowledge that they understand such services and products may entail risk of injury or harm to the participants and agree that this risk is fully assumed by the participants.

Participants agree that this Liability Release fully and accurately expresses their understanding and has not been and shall not be modified except in writing signed by each of the Participants and There With Care.

GROUP VOLUNTEER FORM

I agree to the terms stated above pertaining to the Photographic and/or Video Release, Confidentiality, Conflict of Interest and Ethics Statement and Release of Liability.

Please include the full names and signatures of all Group Members attending and participation in the group service project.

NAME

SIGNATURE

1. _____

2. _____

3. _____

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11. _____

GROUP VOLUNTEER FORM

12. _____

13. _____

14. _____

15. _____

16. _____

Date entered in Carebase _____ Entered by _____