General Volunteer Waiver of Liability

This release and waiver of Liability (the “Release”) executed on ________________________________ date, by ___________________________________(the “Volunteer”) in favor of Boca Helping Hands, Inc., a non-profit organization, its directors, officers, employees, agents, representatives, and their respective successors and assigns, heirs, executors, and administrators (collectively “Boca Helping Hands, INC,”).

The volunteer desires to volunteer for Boca Helping Hands, Inc. and engage in the activities related to being a volunteer (the “Activities”). The volunteer understands that the activities may include but are not limited to providing transportation (using their own vehicle), cooking, carrying and lifting items, participating in special events and fundraisers, and engaging in other activities relevant to Boca Helping Hands, Inc.

The volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless BOCA HELPING HANDS, INC. and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from a Volunteer’s Activities with BOCA HELPING HANDS, INC.

Volunteer understands that this Release discharges BOCA HELPING HANDS, INC. from any liability or claim that the Volunteer may have against BOCA HELPING HANDS, INC. with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer’s Activities with BOCA HELPING HANDS, INC., unless caused by the gross negligence of BOCA HELPING HANDS, INC. or its officers, director, employees or otherwise. Volunteer also understands that BOCA HELPING HANDS, INC. does not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to medical, health, or disability insurance in the event of an injury or illness.

Medical Treatment: Volunteer does hereby release and forever discharge BOCA HELPING HANDS, INC. from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with BOCA HELPING HANDS, INC.

Assumption of Risk: The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to transportation.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities and release BOCA HELPING HANDS, INC. from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance: The Volunteer understands that BOCA HELPING HANDS, INC. does not carry or maintain health, medical, or disability insurance for any volunteer.

Photographic Release: Volunteer does hereby grant and convey unto BOCA HELPING HANDS, INC. all rights, interest, in any and all photographic images and video or audio recordings made by BOCA HELPING HANDS, INC. during the Volunteer’s Activities with BOCA HELPING HANDS, INC. including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

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Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by and interpreted by the laws of the State of Florida. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Name (Please Print):_____________________________________________

Volunteer Signature: ______________________________________________________

Parent Signature :______________________________( If 18 or under)
BHH WAIVER

Recognizing that Boca Helping Hands serves a diverse multi-cultural and multi-generational clientele in economic hardships, I realize that the often well-meaning actions of volunteers can have unintended consequences. Therefore, in order to protect the image and credibility of Boca Helping Hands,

I fully acknowledge that...

...Boca Helping Hands is not responsible for damage to volunteer’s personal property. This includes, but is not limited to, hand bags, purses, cell phones, eye glasses, and automobiles parked at the Boca Helping Hands facility.

...a volunteer at Boca Helping Hands serves at the pleasure of Boca Helping Hands staff. A volunteer’s service may be terminated at any time.

...a volunteer is encouraged to bring any concerns about policy and/or procedure to the immediate attention of the Executive Director.

...a volunteer at Boca Helping Hands is not permitted under any circumstance to be alone with a client off site. Violation of this rule will result in immediate termination of volunteer service.

...a volunteer at Boca Helping Hands is not permitted under any circumstances to drive a client to any destination in his/her personal car. Violation of this rule will result in immediate termination of volunteer service.

...a volunteer at Boca Helping Hands is not permitted under any circumstances to visit a client in their home, apartment or residence. Violation of this rule will result in immediate termination of volunteer service.

...a volunteer may not, under any circumstance, give personal funds, money or goods to a client. Violation of this rule will result in immediate termination of volunteer service.

...a volunteer may not, under any circumstances make lewd or offensive jokes or comments referring to a client’s age, race, ethnicity, color, creed, religious beliefs or sexual orientation. Violation of this rule will result in immediate termination of volunteer service.

...a volunteer under the age of 18 may not travel with a representative of Boca Helping Hands off site without the written consent of a parent or guardian.

Printed Name:  ________________________________________________

Signature:  ________________________________________________

Date:  ________________________________________________

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BOCA HELPING HANDS
NONDISCRIMINATION POLICY

Boca Helping Hands is an equal opportunity employer and makes employment and volunteer decisions based on qualifications. We want to have the best available person in each position.

Boca Helping Hands provides equal employment/volunteer opportunities to all employees/volunteers and applicants for employment/volunteer opportunities without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, marital status or veteran status in accordance with applicable federal, state and local laws governing nondiscrimination in employment/volunteering. This policy applies to all terms and conditions of employment/volunteering, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Boca Helping Hands recognizes that the multicultural/multiracial nature of the residents of Palm Beach County has brought cultural, social and economic enrichment to the community. Boca Helping Hands actively encourages the entire community to participate fully in employment/volunteer opportunities at all levels and it strives to reflect the multicultural/multiracial nature of the community in its work force.

Boca Helping Hands expressly prohibits any form of unlawful employee/volunteer harassment based on race, color, religion, sex, national origin, age, disability, sexual orientation, marital status or veteran status. Improper interference with the ability of Boca Helping Hands employees/volunteers to perform their expected job duties is not tolerated.

Volunteer Signature ___________________________ Date ___________________________

Boca Helping Hands Staff Signature ___________________________ Date ___________________________

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