



***Annual Release of Liability and Confidentiality Agreement  
for Volunteers***

As a Volunteer of Family Life, I, the undersigned, hereby release and agree to hold harmless, Family Life, its members, affiliates, and employees or Board of Directors of any and all liability that could possibly be incurred as a result of my negligence, intentional or unintentional, during the commission of my responsibilities as a volunteer for Family Life.

I further release and hold harmless, Family Life, its members, affiliates, and employees or Board of Directors of all liability with regard to any physical or emotional harm that I may sustain during the time I volunteer at Family Life, or as a result of my participation in the projects or event as a volunteer, or in any other activity sanctioned by Family Life.

Additionally, I agree to the following:

- My role is as a volunteer, and, as such, I will receive no financial reimbursement for services rendered.
- I have completed any required training and have been made aware of the assigned duties.
- I will bring to the attention of Family Life staff any information or questions that arise of a legal nature.
- I recognize that any and all information shared with me as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations.
- I will not copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services at Family Life.

THIS AGREEMENT shall be governed by and construed in accordance with the laws of the State of New York.

I have had the opportunity to read and understand this release and acknowledge that by signing this document, I am waiving certain legal rights in the event of injury.

BY SIGNING BELOW, I accept and agree to the terms contained above, and also, by my signature, I acknowledge that in the event of any wrong doing or misrepresentation on my part, Family Life has the right at any time, for any reason with or without cause or notice, to remove me from the volunteer position and the premises.

**Signature of Volunteer** \_\_\_\_\_ **Address** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Email** \_\_\_\_\_ **Phone** (     ) \_\_\_\_\_

**Today's Date** \_\_\_\_\_