



**Santa Barbara County AmeriCorps Partnership for  
Veterans and People Experiencing Homelessness  
Acknowledgement of Volunteer Responsibility, Express  
Assumption of Risk, and Express Release of Liability**

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In consideration for being allowed to participate as a volunteer with Santa Barbara County AmeriCorps Partnership for Veterans and people Experiencing Homelessness (AmeriCorps) on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the County of Santa Barbara, City of Santa Barbara, Housing Authority of the City of Santa Barbara, County Housing Authority, Central Coast Collaboration on Homelessness (C3H), AmeriCorps, the United Way of NSBC, The New Beginnings Safe Parking Program, Santa Barbara Community Housing Corporation, Rescue Mission, the Organic Soup Kitchen and other participating organizations of AmeriCorps, and collectively its' contractors, employees, officers, directors, volunteers and agents from any and all claims, including claims of negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages or economic or emotional loss I may suffer because of my participation with AmeriCorps, including travel to and from and during outreach.

I am voluntarily participating with AmeriCorps. I am aware of the risks associated with traveling to/from and participating with AMERICORPS, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence; conditions related to travel; or the condition of the AmeriCorps location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my voluntary participation with AmeriCorps, including travel to, from and during AmeriCorps outreach.**

I agree to hold the AmeriCorps Staff harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my voluntary participation with AmeriCorps, including travel to, from and during AmeriCorps outreach. If the AmeriCorps Staff incurs any of these types of expenses, I agree to reimburse the AmeriCorps Staff. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In consideration for my acceptance as a participant the AmeriCorps outreach, and the services and amenities to be provided by the AmeriCorps outreach Staff in connection with the AmeriCorps outreach, I confirm my understanding that:

- I have read any rules and conditions applicable to the AmeriCorps outreach made available to me and I acknowledge my participation is at the discretion of the AmeriCorps Staff.
- The AmeriCorps outreach officially begins and ends at the location(s) designated by the AmeriCorps Staff. The AmeriCorps outreach does not include carpooling, transportation, or transit to and from the AmeriCorps outreach, and I am personally responsible for all risks associated with this travel.
- If I decide to leave early and not to complete the AmeriCorps outreach as planned, I assume all risks inherent in my decision to leave and waive all liability against the AmeriCorps Staff arising from that decision. Likewise, if the AmeriCorps Staff has concluded the AmeriCorps outreach, and I decide not to return to the end location designated by the AmeriCorps Staff, I assume all risks inherent in my decision to go forward and waive all liability against the AmeriCorps Staff arising from that decision.

- This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.
- To the fullest extent allowed by law, I agree to WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY the AmeriCorps Staff, its officers, directors, employees, agents, and leaders from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by negligence of the AmeriCorps Staff, its officers, directors, employees, agents, and leaders, in any way connected with the AmeriCorps outreach. I further agree to HOLD HARMLESS the AmeriCorps Staff, its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses caused by my own negligence while a participant in the AmeriCorps outreach. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns.
- I have read this document in its entirety and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I agree to participate in the AmeriCorps outreach.

I do hereby consent and agree that the AmeriCorps Staff, its employees, or agents have the right to take photographs, videotape, or digital recordings of me during AmeriCorps outreach and to use these in any and all media, now or hereafter known, and exclusively for the purpose of the AmeriCorps Staff. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the AmeriCorps Staff, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the AmeriCorps Staff from all liability, (b) promising not to sue the AmeriCorps Staff, (c) and assuming all risks of voluntarily participating in the AmeriCorps outreach including travel to, from and during the AmeriCorps outreach.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this entire document and I am signing it freely. No other representations concerning the legal effect of this document have been made by me.

**Participant's Signature:** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contact / Phone:** \_\_\_\_\_



## Confidentiality Agreement

As part of your work with the Santa Barbara County AmeriCorps Partnership for Veterans and People Experiencing Homelessness (AMERICORPS) you may have access to view, update or modify sensitive information about the AMERICORPS Process and the AMERICORPS Staff, its partners, clients and operation. You must treat this information as confidential and not disclose it with anyone unless specifically authorized in writing by the AMERICORPS Staff.

The AMERICORPS Staff defines Sensitive Information as including but not limited to:

- Client names, nicknames or any other identifying information
- Client address, location or whereabouts  
Client personal finance information including Social Security numbers, financial data or related information
- Client health information including information on medical conditions, treatment or history
- Information on AMERICORPS Staff and AMERICORPS Outreach plans and operations

Any information collected, access or viewed, whether it be verbal, written, electronic, printed or any other form, as part of the AMERICORPS outreach is to be treated as confidential and must not be disclosed. All information related to the AMERICORPS outreach is the property of the AMERICORPS Staff and should not be disclosed, released, shared or discussed without prior written authorization from an authorized member of the AMERICORPS Staff. This includes communication in any form with clients, co-workers, outside agencies or any other party.

In the event you are unsure if information can be shared, DO NOT DISCLOSE INFORMATION, contact your Team Leader or the AMERICORPS Staff management to obtain approval.

Unauthorized disclosure of AMERICORPS Staff and/or AMERICORPS Process information may result in disciplinary action, legal action and may result in dismissal from the AMERICORPS outreach.

### Acknowledgment:

As a volunteer participant in the AMERICORPS outreach I understand that I may have access to Sensitive Information as determined by the AMERICORPS Staff. I agree to maintain the security and confidentiality of survey and related information as well as the security of the AMERICORPS Staff IT systems. I will not disclose, share, publish, copy or distribute any survey or AMERICORPS Staff and/or AMERICORPS Process information without express written permission of an authorized member of the AMERICORPS Staff. I will not disclose or share my username or password to AMERICORPS Staff systems to anyone for any reason. I will report any questions, issues or suspicious activities immediately to my supervisor or the AMERICORPS Staff management.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_