

## HIVCareLink Volunteer Contract

I understand that HIV Care Link is a ministry that depends upon its volunteers in order to function. Therefore, I, as a volunteer, am responsible for the success of this organization. My conduct while performing services needs to reflect the Christian attitude, philosophy and values of HIV Care Link and its reputation is dependent upon my words and actions.

I am committed to working at HIV Care Link and can be depended upon to arrive on time and to carry out the responsibilities that I have agreed to perform. I will maintain **open communication** with HIV Care Link staff, sharing my ideas and concerns and responding promptly to HIV Care Link calls, e-mails, and letters. If for any reason I cannot keep my commitment, I will notify an HIV Care Link staff member with as much prior notice as practicable.

To respect and honor the **confidentiality** and privacy of the participants of HIV Care Link programs and services, all staff, board members, and volunteers of HIV Care Link must not discuss information with or provide copies of reports about a participant, regardless of how or where acquired, to family members, friends, professional colleagues, other volunteers, other participants, or any other person, unless such person has written authorization from the participant to have access to that information. I understand that all information, regardless of how or where acquired, including name, gender, address, telephone, and disease status, sexual orientation, drug use, or any diagnosis, test results, or the fact that a test has been performed, regarding all current and previous participants must be kept **confidential**. I will hold in strict **confidence** any information I obtain. I further understand that this agreement shall continue to bind me even though my involvement has ended, and that unauthorized use or disclosure of any private information is a breach of the terms of this Volunteer Contract. Such a breach will result in immediate termination of my involvement and could also result in a fine of up to five thousand dollars or imprisonment in the county jail for up to twenty-four months, or by both such fine and imprisonment.<sup>1</sup>

I also agree that during my scheduled time as a volunteer for HIV Care Link, I will abstain from using alcohol, illegal substances, or other substances that would impair my ability and that I will not volunteer for HIV Care Link while under the influence of any of the foregoing.

In addition, I will treat all other volunteers, staff, participants and visitors with respect and will be courteous when dealing with others. As a volunteer for HIV Care Link, **I will not discriminate** on the basis of race, color, religion, national origin, gender, age, sexual orientation, gender variance, marital status, HIV or other disease status, military status or physical or mental disability. I will do my best to **respect the diversity of opinions and the dignity of people** with whom I come in contact.

I agree that I shall not drive for HIV Care Link without a valid driver's license and my own vehicle insurance as required by Colorado state law. In the event that I do not understand my responsibilities, I will ask for guidance.

I give permission for the future use of my name and picture in any HIV Care Link related materials.

I understand that HIV Care Link reserves the right to dismiss the services of any volunteer for any reason and at any time without notice.

I have read and understand the above information.

Printed Name: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Email (If you wish to receive HIV Care Link emails): \_\_\_\_\_

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<sup>1</sup> Colo. Rev. Stat. Ann. § 25-4-1409 (West)

**HIVCareLink**  
**Volunteer Waiver and Release of Liability**

I acknowledge that participation as a volunteer in the programs and services of HIV Care Link carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by facilities, temperature, weather, condition of service recipients, equipment, vehicular traffic, actions of other people including but not limited to, other participants, volunteers, coordinators and staff of HIV Care Link and the service recipients. These risks are present for volunteers. I hereby assume all of the risks of volunteering in the programs and services of HIV Care Link. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit for participation as a volunteer and have not been advised otherwise by a qualified medical person that I cannot participate. I acknowledge that this Waiver and Release of Liability form will be used by HIV Care Link and that it will govern my actions and responsibilities as a volunteer in the programs and services of HIV Care Link.

In consideration of permitting me to participate as a volunteer in the programs and services of HIV Care Link, I hereby, for myself, my personal representatives, executors, administrators, heirs, next of kin, successors, and assigns:

(A) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from locations where the HIV Care Link programs or services take place, HIV Care Link and the following entities or persons: its directors, officers, employees, volunteers, representatives, and agents;

(B) Indemnify and hold harmless the entities or persons mentioned in the clause (A) above from any and all liabilities or claims made by other individuals or entities as a result of my or any actions related to or in connection with my involvement with the service or program.

- I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident and/or illness during my participation as a volunteer.
- I understand that during my participation as a volunteer I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by HIV Care Link and/or its successor and assigns.

The Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and I understand its contents.

Volunteer Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

If Minor, Parent/Guardian Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_