

N.O.A.'s Ark, Inc./NOA

VOLUNTEER WAIVER AND RELEASE

I understand that, as a volunteer for NOA, I will be participating voluntarily and at my own risk. I attest that I am physically fit enough to volunteer for any project on which I agree to work.

I agree not to create an unsafe situation for other persons or for myself. I will not use any tool or engage in any task that I am not completely certain of my ability to do so competently and safely. I will abide by all laws and the rules and directions of the sponsors and coordinators of the project I work on. If I see any situation that I believe is unsafe, I will immediately call it to the attention of my co-workers and the project coordinators. I understand that children under the age of 14 are not permitted at the project site. FOR EACH PARTICIPANT UNDER 18, THE PARENT OR GUARDIAN MUST FILL OUT A SEPARATE WAIVER AND RELEASE.

I understand that NOA employees, board members, committee members, or other representatives may be at the project site for the purpose of coordinating activities of participants. I understand further that such persons are not present to supervise my safety. I am solely responsible for acting in a safe manner at all times, and for being aware of other persons around me and what they are doing. I UNDERSTAND THAT NOA IS NOT RESPONSIBLE FOR ANY INJURIES OR HARM THAT MAY OCCUR TO ME OR ANY CHILDREN OR YOUNG ADULTS WHO ARE WITH ME; TAKING CARE FOR MY OWN SAFETY AND SUPERVISING ANY CHILDREN OR YOUNG ADULTS I CHOOSE TO BRING WITH ME IS SOLELY MY RESPONSIBILITY.

On behalf of myself and my heirs, personal representatives, and assigns, I hereby forever release, discharge, waive, and agree to indemnify and hold harmless NOA and any additional sponsors of any project on which I volunteer, along with their respective officers, directors, agents, employees, contractors, successors and assigns, and any volunteers to whom I give my consent to provide medical treatment to me or to any children or young adults under my supervision, from and against any and all claims, demands, actions, causes of action, obligations, liabilities, suits, losses, damages, costs, expenses, and fees, including without limitation court costs and attorneys' fees, for death, personal injury and/or loss of property whether anticipated or unanticipated, directly or indirectly arising out of or connected in any way with my participation in any project.

I give NOA permission to use photographs of me and quotations from me in promotions of any project I participate in.

Signature:

Date: _____

Printed Name:

**NOA (No One Alone)
Confidentiality Statement**

Persons being served in any way by NOA have the right to control the nature of any disclosures of information about themselves.

Any communication to, or observation by, a NOA volunteer, staff member, student intern or visitor that is clearly not intended to be disclosed to a third party will be held confidential.

Information considered confidential includes:

- The fact the person has been served by NOA.
- Information transmitted in confidence by the person.
- Information transmitted in confidence about the person by family, neighbors and/or community service providers.
- Any disposition, referral, diagnosis, opinions, summaries, instructions, etc. issued for or about the person in the course of evaluation, treatment or other services.
- The names of any staff, volunteers or any other persons associated with NOA.

The person served by NOA has the right to inspect and request amendments to all recorded information about themselves.

Exceptions to the above policies are permitted only in bona fide medical emergencies where a medical consent form has been signed, in the case of a court order, of a subpoena, or in the case of suspected child abuse.

Georgia legal code (Section 19-13-23) states that any persons who knowingly publishes, disseminates or otherwise discloses the location of a family violence shelter is guilty of a misdemeanor.

I have read and discussed the above confidentiality policies and agree to abide by them. I am aware not following these policies will result in termination of my association with NOA. I agree to accept any legal responsibility for violation of the confidentiality policies.

Date

Signature

Date

Public Relations Director, Andrea Shoemaker