

# Volunteer Service Agreement & Release Volunteer Code of Ethics



## PERSONAL CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_ City Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please check  Yes, I would like to receive emails concerning volunteer opportunities with Far West Wheelchair Athletic Association

Emergency Contact: \_\_\_\_\_

Relationship/Phone: \_\_\_\_\_

Medical Background – Please note any physical or medical conditions that should be considered in your assignment.

\_\_\_\_\_

I, \_\_\_\_\_, agree to volunteer my services to Far West Wheelchair Athletic Association (FWWAA). I acknowledge that there is no salary or other compensation, or prizes of any kind to be provided by FWWAA for my services as a volunteer. **I hereby release FWWAA from any and all liability for injury that might occur during programs, events, or activities including an injury arising out of FWWAA's negligence. Further, I release FWWAA from all other liability arising from my (or my child's) volunteer service or activities as provided hereunder.**

I understand that FWWAA may photograph or videotape the volunteer events or activity in which I am (or my child is) participating. I give my permission for FWWAA to use photographs or videotape of me (or my child) for the purpose of promoting FWWAA and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.**

I also acknowledge and agree that my (or my child's) services are provided for the convenience of FWWAA and may be terminated for any reason or for no reason and at any time by FWWAA without prior notice or hearing.

I, the undersigned, certify that the information stated on this agreement and release is true, complete and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a basis of rejection for this application or termination of volunteer services.

This agreement shall remain in effect until terminated in writing by either party. Additional information may be provided on the attachments.

## **FWWAA Volunteer Code of Ethics Agreement**

As a volunteer, you represent FWWAA. As such, it is important that you adhere to FWWAA Volunteer Code of Ethics.

I, \_\_\_\_\_, as a volunteer with FWWAA agree to:

- Conduct myself in a professional manner; maintaining high standards of integrity and honesty.
- Treat all members of the public, employees, and other volunteers with respect and courtesy.
- Avoid any activity that could be seen as a conflict of interest, such as accepting gifts or favors from individuals or businesses that could be seen to be an attempt to influence a FWWAA decision.
- Respect confidential information that is available to me as a result of my volunteer work with FWWAA, and refrain from using it for personal gain or for personal, non-FWWAA business related reasons. Bring any violation of this confidentiality to my supervisor.
- Reinforce FWWAA commitment to a work environment free of discrimination and harassment, including sexual harassment. FWWAA's non-discrimination policy can be reviewed by request.

\_\_\_\_\_  
Volunteer Signature Parent/Guardian if under 18 yrs old

\_\_\_\_\_  
Date