



Volunteer Consent Form "Done in a Day" - Adult

Consent for Participation between (print name) _____ and Jewish Family Service Association of Cleveland. As a condition for participating in the Jewish Family Service Association of Cleveland (JFSA) (event) _____ on (date) _____ the undersigned, (not and employee of JFSA for him/herself, heir, personal representatives, successors, and assign) hereby releases Jewish Family Service Association from all liability claims and rights of action of any kind which the undersigned now has or may have for personal injuries, property damage, and other losses incurred as a result of participating in the above named event, including injuries, property damage, and losses which are presently known, as well as those which are unknown, but which may develop or be discovered in the future.

As a condition for participating I confirm by signing this statement, that I have not been convicted of a crime of child abuse, elderly abuse, unlawful sexual behavior, theft, drug possession or a felony. Furthermore, I grant JFSA permission to acquire any of my criminal records. I understand that completion of this application does not obligate the agency to extend association on a voluntary basis.

If this activity requires that I drive a motor vehicle, I attest that I have a current, valid driver's license and proof of auto insurance. I certify that I have no known physical or mental illness or condition, including any contagious disease, which could be detrimental to the welfare of any JFSA client.

I understand that while I have access to client records at JFSA, I may obtain confidential information about JFSA's clients. I understand that I must maintain in strict confidence all information and data relating to the clients including first and last names and addresses, and shall not disclose such information to any third party, including any family member or friend, under any circumstances. Confidential information about client includes: name, address, diagnosis, medical information, medical notes, resumes and pictures, as well as any description that could cause any other person to become aware of the identity of that client. I understand that I will not leave any written information, (i.e., lists of clients, locations, etc.) unguarded and will destroy all such material once the project is complete.

As a condition for participating as a volunteer with JFSA, I grant permission to JFSA, its agents and/or employees to use my name, photographs or videos taken of me in any and all formats, including but not limited to print, electronic, web and/or any media based publications and/or distributions. Further I freely acknowledge, accept, agree and consent to all of the specific terms set forth in the JFSA PHOTOGRAPH, VIDEO, AUDIO AND PUBLICITY CONSENT AND RELEASE FORM marked as Appendix A to JFSA "Done In A Day" Volunteer Consent, which is attached hereto and fully incorporated herein by reference.

By signing this form, I agree that I have read, understand, and agree to the terms of this consent form.

I give my full consent to my participation in the Volunteer Program at Jewish Family Service Association of Cleveland.

Print Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Signature of Volunteer _____ Date _____

(over)

JFSA provides individuals and families with solutions to face life's challenges with confidence.

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JEWISH FAMILY SERVICE ASSOCIATION OF CLEVELAND



Photograph, Audio, Video and Publicity Consent and Release Form

I, _____ understand that from time to time Jewish Family Service Association of Cleveland (“JFSA”) uses and publishes names, photographs, videos and audio to further activities or services related to the mission and operation of JFSA. I understand that the use and publication of names, photographs, videos, and audio are for these purposes and routinely include present or former agency clients, staff, board members, committee members, volunteers, community members and/or other persons.

I grant permission and irrevocably authorize JFSA, its agents, employees to use my name, likeness, image, voice, appearance, photographs, audio and/or videos for any lawful purpose including, but not limited to, inclusion in any and all agency-wide publications, promotional materials, newsletters, brochures, annual reports, social media, including but not limited to Facebook, broadcast media, stewardship and cultivation materials, fundraising materials, awards/grant materials, publicity, advertising and any and all electronic versions of the same publications and materials on websites and on all other electronic forms of media.

I hereby waive any right to inspect or approve the finished photographs, videos and audio including printed or electronic materials now and in the future, whether that use is known to me or unknown and I waive any right to royalties or other compensation arising from or related to the use of my name, photographs, videos and/or audio. All photographs, videos and/or audio, whether by JFSA or its representatives, become the sole property of JFSA and JFSA shall reserve the exclusive right, without limitation, to publish, disseminate and edit all photographs, videos and/or audio.

I hereby agree to release, defend, and hold harmless JFSA, its agents, employees, directors including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or/or via electronic media, from and against any and all claims, damages or liability of any nature arising from or related to the use of my name, likeness, image, voice and/or appearance, photographs, videos and/or audio, including but not limited to any misuse, misappropriating, and/or defamation.

Please check one box:

- I GIVE CONSENT to JFSA for the purposes stated above.**
- I DO NOT GIVE CONSENT to JFSA for the purposes stated above.**

I have read this consent and release form before signing below, and I fully understand the contents, meaning and impact. My signature below will be interpreted as a free and knowledgeable acceptance of the terms of this consent and release.

Name (print) _____ **Signature** _____ **Date** _____

Parent/Guardian
Name (print) _____ **Signature** _____ **Date** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Email _____

FOR OFFICE USE ONLY

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Mental Health/PLAN/YA | <input type="checkbox"/> Alyson’s Place | <input type="checkbox"/> College Financial Aid | <input type="checkbox"/> Caring at Home |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Older Adult Services | <input type="checkbox"/> Volunteer Services | <input type="checkbox"/> DV/Shelter/KA |

(over)

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