

THE FLORIDA UNITED METHODIST CHILDREN'S HOME, INC.

RELEASE AND HOLD HARMLESS AGREEMENT
PLEASE READ BEFORE SIGNING

Volunteer Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Permission is hereby granted to the above person to come onto and use or work on the sites, grounds, facilities, buildings, and equipment of The Florida United Methodist Children's Home. In consideration for The Florida United Methodist Children's Home permitting the undersigned to come onto and use or work on its sites, grounds, facilities, buildings, and equipment, the undersigned do hereby voluntarily agree to release and hold harmless The Florida United Methodist Children's Home, Inc., Heart and Home Resale Shop, Open Hearts Family Services, Madison Youth Ranch, and Open Doors Independent Living, and their directors, trustees, officers, agents, servants, employees, volunteers, representatives, successors, and assigns from all causes of action arising out of any negligent acts or omissions or otherwise which the undersigned and their heirs, personal representatives, administrators, assigns, guardians, wards, or successors may have against any of them for, or on account of, or by reason of the undersigned being on the sites, grounds, buildings, or using any facility or equipment of The Florida United Methodist Children's Home, Inc. This Release and Home Harmless Agreement specifically precludes liability on behalf of The Florida United Methodist Children's Home, Inc., its subsidiaries, their directors, trustees, officers, agents, servants, employees, volunteers, representatives, successors, and assigns for any death or personal injury to the undersigned or for damage or loss of the undersigned's personal property, which arise from or are incident to the undersigned's being on the sites, grounds, buildings, or using any facility or equipment of The Florida United Methodist Children's Home, Inc. or its subsidiaries.

The undersigned further agrees to abide by the rules and regulations as set forth by The Florida United Methodist Children's Home, Inc. and its subsidiaries.

The undersigned has read the above-stated terms of this Release and Hold Harmless Agreement, fully understands its meaning, and fully agrees to its terms.

Parent/Guardian Signature: _____ Date: _____
(for participant who is under the age of 18)

Witness Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Confidentiality Policy

The Mental Health Systems Act, Florida Mental Health Act, and Public Law 91-616 prohibit the unauthorized disclosure of information from client records. This information includes, but is not limited to identity of residents, their presence in a facility, psychosocial history, diagnosis, prognosis, and treatment.

In the course of my service as a paid staff member, intern, temporary employee, volunteer or visiting resource for the Florida United Methodist Children's Home, I understand that I am responsible for maintaining the confidentiality of information. I further understand that I will be held accountable under applicable laws for the unauthorized use and/or disclosure of any information related to the residents of the Florida United Methodist Children's Home both while in the service of the Home and after I leave for whatever reason. Discussion of any information relative to a resident is considered appropriate only during staff meetings with staff who have a need to know or in consultation with other professional staff members.

In addition to information relating to the residents of the Home, I understand that I shall not disclose any proprietary or other information that may be made known to me as a result of my work or services to the Florida United Methodist Children's Home. Proprietary information shall include but not be limited to, donor lists, financial, and/or other internal information not available publicly. The Children's Home, State and Federal Law prohibit the discussion of confidential material in any context but those delineated above. Further, it will be considered sufficient grounds for dismissal from employment with the Home in the case of employees, and severance of connection to the Home in the case of volunteers, temporary employees, or interns.

I further understand and attest by my signature below that I will fully comply with the conditions and intent of this policy, which is binding by case law.

I, _____ understand and agree to abide by these stipulations.
(Print Name)

(Signature of Volunteer)

(Date)

(Signature of Agency Representative)

(Date)

CONFLICT OF INTEREST POLICY AGREEMENT

I HAVE READ AND UNDERSTAND THE Conflict of Interest Policy as outlined in Human Resource Policy and as noted below. While in placement at the Florida United Methodist Children's Home, I agree to abide by the policies and guidelines as stated.

"A conflict of interest is defined as an inconsistency between the interests of a FUMCH employee, Board Trustee or other person affiliated with FUMCH and the interests of FUMCH and the children and youth we serve. This includes transactions between board members, management, staff, consultants, vendors, service providers, community partners, volunteers, and FUMCH. Any actual or perceived conflict of interest between the private interests and official responsibilities of a person in a position of trust within the organization cannot be accepted. It is the responsibility of all Board members and employees and volunteers to fully disclose any actual, possible, or perceived conflicts of interest as soon as discovered. When an actual or perceived conflict exists, the person(s) involved shall not participate in any decision making with regard to the conflicted relationship or activity."

Signature:
Print Name:
Date: