

Volunteer's Statement of Understanding, Waiver of Liability & Confidentiality Agreement



I, _____ understand and agree:

- that Any Baby Can of San Antonio, Inc. and its employees will not be held responsible or liable by me in any way whatsoever as a result of any incident which might be construed to adversely affect me or my health, safety or welfare.
- that I knowingly waive all rights to hold Any Baby Can of San Antonio, Inc., or the family of the child to whom I am assigned, liable as a result of any incident.
- that as a volunteer I will not be covered for personal injury or personal liability through Any Baby Can of San Antonio, Inc.
- that in order to be accepted as a volunteer, I must never have been convicted of child abuse or neglect, assault or sexual assault, or any other crime(s) against a person.
- that should I be unable to volunteer as scheduled, I will notify my point of contact who will notify the staff at Any Baby Can prior to my absence.
- that I will report any suspicion of abuse or neglect to the Texas Department of Family Protective Services (DFPS) at 1-800-252-5400, and Any Baby Can Staff immediately.
- that I have fully disclosed to the Any Baby Can Staff as well as my point of contact, information about my physical and mental health which might affect my performance as a volunteer, and I acknowledge full responsibility for any consequences of my failure to disclose that information.
- to follow all procedures, policies and practices established by Any Baby Can of San Antonio, Inc., while serving as a volunteer.
- that by my signature, I hereby give my consent to be photographed and/or interviewed by Any Baby Can Staff for the purpose of education and/or publicity. This consent is expressly intended to release from liability all personnel of Any Baby Can of San Antonio, Inc.
- that any information known about client families is confidential and I am not allowed to discuss such information with anyone other than the assigned Any Baby Can staff.
- I will not ask any client child or family questions of a personal nature that are not necessary to being a helpful volunteer.
- I agree that client families have a right to keep all health and/or medical information confidential.
- I understand that all personal information about the client families is private and confidential. I will not discuss this information with anyone other than appropriate Any Baby Can staff members, except:
 - as mandated by law;
 - to prevent a clear and immediate danger to a person or persons;
 - where I am compelled to do so by a court or pursuant to the rules of a court.
- I understand that following these guidelines is important so that the client family members are able to trust me as a volunteer.
- If I become aware of any situation that is (or may become) unsafe for someone I am working with, I will discuss it with the Any Baby Can staff immediately.
- I understand that failure to keep personal information confidential will lead to termination of my volunteer position with Any Baby Can.

I have read, and understand each of the above statements. I hereby voluntarily and knowingly agree to the terms contained herein, and will comply with these statements as written.

Signature of Volunteer Applicant or Guardian

Date