



# Volunteer Agreement

**School:** \_\_\_\_\_

By my signature below, I agree with and submit to the following statements:

1. I understand that ANY and ALL information I may come in contact with is CONFIDENTIAL. I also understand that if I willingly break that trust of confidentiality, I may be held liable in accordance with the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act of 1996 (HIPAA).
2. I hereby release and forever discharge, and waive, any and all claims against **Who We Play For**, its employees, trustees, consultants volunteers, and contractors.
3. I acknowledge that I have no record of criminal conviction which would keep me from legally being on public or private school property, nor coming into contact with children.

**Volunteer Name Printed:** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_