

Volunteer Ombudsman Program: Volunteer Agreement

A. Confidentiality

I understand that as a volunteer with the Long-Term Care Ombudsman Program, I may at times become aware of written or spoken information that must remain confidential. I agree to keep any information about the Office of the State Long-Term Care Ombudsman activities, cases, complaints, residents, facilities, and staff confidential and to not discuss such information outside of my role within the Office of the State Long-Term Care Ombudsman. I will not express an opinion about the quality of specific long-term care facilities to the public, media/press family, or friends.

Initials: _____

B. Conflict of Interest Disclosure

At this time, I have disclosed all potential conflicts of interest to the Volunteer Ombudsman Program, and agree to inform the program if a new conflict of interest should develop.

Initials: _____

C. Receipt of Volunteer Manual

I have received a copy of the Volunteer Ombudsman Manual, agree to review its contents, and understand that I am responsible for understanding and abiding by the policies provided therein.

Initials: _____

D. Liability Release

In consideration of being permitted to be a Volunteer Ombudsman and participate in functions, activities, projects, and work as a volunteer, I do hereby release, waive, discharge, covenant not to sue, and hold harmless the Office of the State Long-Term Care Ombudsman and the Volunteer Ombudsman Program, the State of Iowa, and all their employees, officers, agents, boards, and commissions from any liability, claims, damages, or demands for personal injury or property damage that may be incurred by the undersigned while acting as a Volunteer Ombudsman.

Initials: _____

By placing my signature on this document I affirm that I have read, that I understand, and that I agree to adhere to the Volunteer Ombudsman Program's Volunteer Agreement.

Volunteer's Printed Name: _____

Volunteer's Signature

Date

Photograph and Publicity Release Form

The Volunteer Ombudsman Program (VOP) requests your consent to use your name, likeness, image, voice and/or appearance, as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images and the like, taken or made on behalf of VOP activities.

By providing your consent, you agree that the VOP has complete ownership of such materials, including the entire copyright, and may use them for any purpose consistent with its mission. Uses include, but are not limited to, illustrations, bulletins, exhibitions, video recordings, reprints, reproductions, publications, advertisements and any promotional or educational materials in any medium now known or later developed, including the Internet.

By providing consent, you acknowledge that you will not receive any compensation for the use of such pictures, etc., and hereby release the VOP and its agents and assigns from any and all claims which arise out of, or are in any way connected with such use.

Please check and sign ONE of the options below:

Your signature indicates that you have read and understand this consent and release.

I consent to allow the VOP to use my name and/or likeness to promote VOP activities.

Signature

Date

I do not consent to allow the VOP to use my name and/or likeness to promote VOP activities.

Signature

Date