

ALASKA BEHAVIORAL HEALTH



formerly Anchorage Community Mental Health Services

Volunteer Agreement Form

Thank you for volunteering with Alaska Behavioral Health!

To maintain client privacy according to federal laws, all volunteers and visitors to Alaska Behavioral Health are required to sign a confidentiality agreement. Please read and sign the following.

As a volunteer, I understand my roles and responsibilities are a valuable part of Alaska Behavioral Health, and I agree to carry out my responsibilities to the best of my ability. As I carry out my responsibilities, I may meet donors, community members and participants who wish to remain anonymous. Accordingly, I agree:

- That I have received volunteer orientation training in person or through the Alaska Behavioral Health volunteer orientation video, and understand the contents.
- Not to disclose the identity of Alaska Behavioral Health clients or donors I meet in the course of my volunteer work. If I encounter clients outside of Alaska Behavioral Health, I will wait for them to acknowledge me rather than state where I met them.
- Not to share or discuss Alaska Behavioral Health data on clients, donors, staff, volunteers, corporations, foundations and affiliated organizations.
- Not to access confidential information for purposes other than official Alaska Behavioral Health business.
- Not to take any photographs or record any information while on ACMHS/FCMHS/Alaska Behavioral Health property without specific permission.
- To represent Alaska Behavioral Health in a safe, positive, and professional manner.
- To follow the guidance of Alaska Behavioral Health staff where I am volunteering.
- To ask for help when needed.
- To ask questions when needed.

Printed Name _____

Phone #/E-mail: _____

Signature: _____

Date _____

Waiver and Release of Liability

I am aware that any activity, including volunteering with Alaska Behavioral Health and its programs, can expose me to risk of injury or death. I hereby voluntarily and knowingly enter into this waiver and release of liability and do hereby release and forever discharge Anchorage Community Mental Health Services, Inc. dba Alaska Behavioral Health (corporate headquarters located at 4020 Folker St, Anchorage AK, 99508) and its staff, board members, agents and volunteers for any physical or psychological injury that I may suffer as a direct result of my volunteer activity at Alaska Behavioral Health.

Printed Name _____ Address _____

Signature _____ Date: _____

Parent/Guardian Name (for participants under 18) _____

Parent/Guardian Signature _____ Date: _____

Emergency Contact(s) _____