

# Nadim Khan Memorial Homeless Resource Day (HRD)

## Volunteer Liability and Confidentiality Form

(Filling out this form is optional for DHHS Staff members)

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Liability Statement:** Consent to Participate and Release of Liability

I understand that I am participating in activities related to **Montgomery County Nadim Khan Memorial Homeless Resource Day 2023** by my own choice. I consent to the County's use of any photographs taken or video tapes made of the Program.

I agree to release the State of Maryland and Montgomery County from **any liability for an injury or illness to me during my participation**. I assume full responsibility for risk of bodily injury or property damage incurred by myself arising either directly or indirectly from participation in Homeless Resource Day, from any cause whatsoever. I consent to receive emergency treatment if such actions become necessary.

We want volunteers and participants to prioritize their health. If you are exhibiting respiratory symptoms or have tested positive for COVID-19 5 days before HRD, please consider the <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html> | Updated May 11, 2023. Mask wearing is encouraged but not mandated.

I agree to indemnify, defend and hold harmless the County for any liability that may arise as a result of my negligent, intentional, criminal, willful or fraudulent acts or omissions that occur during my participation in Homeless Resource Day.

I agree to return all forms and datasheets to the Homeless Resource Day staff upon completion of my participation in the Homeless Resource Day. By signing below, I verify that all information on this form is correct, and I agree with the release statement above.

\_\_\_\_\_  
Volunteer Name (please print)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Guardian Signature  
(Only for Set-Up Volunteers under 18 years old)

\_\_\_\_\_  
Date

### **Notice of Self-Insurance Fund Coverage:**

The Montgomery County Self-Insurance Fund Program provides medical benefits for volunteers injured while performing duties on behalf of the Department of Health and Human Services (DHHS) as directed by the supervisor, equal to medical benefits as required to be provided under the Worker's Compensation Law of the State of Maryland. The Montgomery County Self-Insurance Program also provides General Liability Coverage to volunteers. Details of coverage may be discussed with the Montgomery County Volunteer Office. Please complete this form as accurately as possible. Be assured that this information is confidential and for use only by Human Resources and Volunteer Services.

### **Confidentiality Agreement:**

I understand that, in the performance of my volunteer duties for the Homeless Resource Day program sponsored by DHHS, I may have access to confidential information about members of the homeless community. I agree to keep the information confidential and understand that I am permitted to discuss such information only with the Team Captains and DHHS staff members. I understand that any violation of the confidentiality of this information may result in my dismissal as a volunteer and/or possible legal action against me.

I have read and agree to the confidentiality agreement:

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

*Please Note: The DHHS does not discriminate in the placement of volunteers based on race, creed, sex, color, age, political or union affiliation, religion, and national origin, physical or mental impairments.*

Updated: 9.25.23