

# African Aids Action Volunteer Agreement

Listed below. Acknowledge and agree that, as a result of my association with, I as a result of my association with may know certain information concerning clients. I acknowledge and agree that such information is confidential and shall not be divulged by me to any party under any circumstances whatsoever. This pledge applies to client relationships, client information, and client identification. This pledge of confidentiality shall not be violated by me in any way during or after my association with African AIDS Action, Inc. and shall apply to agencies, individuals, firms and members of the news media.

I agree to attend all required training sessions, to carry out my assignments in good spirits, being prompt and reliable in reporting to work and notifying African AIDS Action if unable to work as scheduled. I accept the right of African AIDS Action to dismiss any volunteer for poor performance, including poor attendance. I further agree to act professionally at all times when representing African AIDS Action, to consult with a staff person before assuming any new responsibility and to abide by the decisions of the Board of Directors and Staff.

I attest and verify that I am twenty-one (21) years old or older, physically fit and sufficiently trained to participate in the event noted above. My participation in activities and events organized or sponsored by African AIDS Action is voluntary.

I assume all risks associated with my participation in activities and events organized by African AIDS Action. For injury, illness, property damage or loss suffered or sustained by me which is in any way associated with my participation in, travel to and from, or other activity associated with the noted program or event, I do hereby, for myself, my heirs, my administrators and executors, forever waive, release and/or discharge any and all rights and claims for any expense, damages or other losses which I may have or which may hereinafter accrue whether or not resulting from negligence against African AIDS Action and/or their respective representatives, officers, directors, employees, agents, successors, assignees and volunteers. I agree to abide by the participant rules and policies adopted from time to time by African AIDS Action.

In the event that I am unable to do so on my own because of injury, I consent to the administration of first aid and other medical treatment in the event of injury.

I will not operate any vehicle while engaged in an African AIDS Action activity without a driver's license valid in Georgia and valid and collectible automobile insurance, nor while under the influence of alcohol or any narcotic drug, nor will I drive recklessly or in excess of the speed limit or violate any traffic laws while operating any vehicle or allow it to be used for any illegal purpose. I have never been convicted of or charged with any felony offences involving the use of alcohol or drugs.

I hereby confirm, represent and warrant that I have never been convicted of or charged with violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offence, nor have I ever been ordered by court to receive psychological treatment in connection therewith

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Participant's Name

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Participant's Signature

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African AIDS Action Witness Name

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African AIDS Action Witness Signature