

# LAKESIDE STUDENT MINISTRY VOLUNTEER AGREEMENT

## **Photo Release:**

I authorize Lakeside, at its sole discretion, to use and publish for any lawful purpose and without compensation, photographs, video, audio and/or other depictions of registrant at this event. This authorization shall remain in effect until revoked in writing.

## **Confidentiality Agreement:**

Lakeside defines the following as confidential material (but is not limited to): Social Security Numbers, Driver's License Numbers, personal contact information, financial information, Lakeside incident reports, and Foster Child information. All written and oral information given to me concerning individuals and/or ministries of Lakeside Assembly is also considered confidential unless specifically stated otherwise. Information shall not be discussed, published, or used by any volunteer, except for purposes directly connected with the administration of Lakeside Assembly and written permission given by Lakeside . It is the volunteer's responsibility to notify a Pastor of Lakeside if any confidential information is handled in a non-confidential manner. If in doubt about the confidentiality of any record or my ability to legally disclose information, I agree to consult with a Pastor of Lakeside before disclosing any information. In regards to information, I will not hold any confidentiality from Pastors at Lakeside. I will immediately report any and all threats of harm or violence to Lakeside Pastors.

## **Behavior Guidelines:**

While volunteering with Lakeside, I agree to: respect, cooperate with and follow the directions of the Lakeside Membership agreements; abstain from smoking, using alcohol, illegal drugs, and profanity; respect the personal property and space of others; use proper restraint in my conduct and attitude; and abide by any and all church event rules.

## **Working with Minors:**

Relationship building, involvement, and contact with any participant of a Lakeside event is to be conducted within the relationship parameters applicable to all Lakeside Sponsored events. Volunteers are never allowed to have contact with children individually or in groups outside of an event without authorization from Lakeside . This includes communication in person, e-mail, instant messaging, text messaging, letters, phone, etc. Volunteers are never allowed to have one-on-one interaction with any minor, regardless of age or sex. There must be a minimum of three people present at all times (including the minor). The three person minimum includes transportation in vehicles.

## **Medical Release:**

In case of any medical emergency occurring while volunteering with Lakeside , in which personal judgement is impaired, I authorize ad ministry leader or staff member of Lakeside as my agent to sign for consent to an anesthetic, medical, dental X-ray, surgical diagnosis, or treatment and hospital care for me which is deemed advisable by them. This is to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the Medical Practice Act, or any dentist, licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at an office of said physician or dentist, at a hospital, or anywhere else. This authorization will remain effective while I am en route to and from, or involved in or participating in, and Lakeside program or event, unless revoked in writing by me and delivered to a Pastor or staff member of Lakeside.

## **Liability Release:**

I hereby assume risk of, responsibility and liability for, and release, forever discharge and agree to hold harmless Lakeside its pastors, elders, directors, employees, volunteers and event participants, from all liability, claims, demands, expenses, costs and obligations directly or indirectly resulting from personal injury, sickness, death and/or property damage associated with any activity covered by this form. I further agree to hold harmless, defend and indemnify Lakeside, its pastors, elders, directors, employees, volunteers and event participants for all liability, claims, demands, expenses, costs and obligations directly or indirectly caused by my negligent, willful or intentional act, including expenses incurred attendant thereto.

**I certify that I am 18 years or older, agree to the above statements, and consent to an FBI background check.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_