

Mendocino Coast Humane Society

Mendocino Coast Sunshine Teams Therapy Dogs

Sunshine Team Volunteer Agreement

In signing below, I understand and agree to the following:

- I authorize the Mendocino Coast Humane Society (MCHS) and Sunshine Teams to seek emergency medical treatment for me and/or my pet in case of accident, injury or illness at my own cost.
- I agree to abide by the policies and procedures presented to me at the orientations and meetings and to follow the instructions of the MCHS Director and Sunshine Teams Coordinator.
- I agree to support the missions of MCHS and Sunshine Teams. To support that mission, I am willing and able to conduct visits at the Facilities served by the Sunshine Teams.
- I will take ideas, constructive comments, suggestions and criticisms directly to the Sunshine Teams Coordinator and agree to be supervised by the Sunshine Teams Coordinator.
- If communication problems develop between employees and me, as a volunteer I will report these to the Sunshine Teams Coordinator as soon as possible.
- I understand that MCHS and Sunshine Teams records are confidential.
- I understand that because I may handle animals, that it is important to discuss the animal-related health with my Veterinarian and to provide the Sunshine Teams with up-to-date health information about my pet.
- I understand that if I am injured while acting as an unpaid member of volunteer staff, that the California State Worker's Compensation Law does not cover me.
- MCHS and Sunshine Teams has my permission to use any and all photographs taken of me to promote the Sunshine Teams program or to publicize any event. I understand that all prints and negatives become sole property of MCHS and may be used without payment or prior notification.

Signature _____

Date _____

Name _____

Mendocino Coast Humane Society

Mendocino Coast Sunshine Teams Therapy Dogs

Sunshine Team Handbook

General Waiver and Release Form

I, the undersigned, agree to release, discharge, indemnify and hold harmless Mendocino Coast Humane Society (MCHS), its officers, directors, employees and Sunshine Teams for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages, expenses and suits at law or in equity to my personal property that arise out of my performing services for MCHS and Sunshine Teams.

I recognize that in handling animals while performing services for the MCHS and Sunshine Teams, there is a risk of injury including, but not limited to, personal physical harm and harm to my pet. I hereby release, discharge, indemnify and hold harmless MCHS, its officers, directors, employees and Sunshine Teams for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages and expenses connected with my services to MCHS and Sunshine Teams whether caused directly or indirectly by any negligence (active or passive) attributable to the MCHS, its officers, directors, employees and Sunshine Teams

I acknowledge that I have read and fully understand the terms and conditions of the foregoing Sunshine Teams Volunteer Agreement and General Waiver and Release and Waiver and that I agree and will comply with same.

Signature _____ Date _____

Confidentiality Agreement

- As a volunteer of Mendocino Coast Humane Society (MCHS) and Sunshine Teams, you have both a legal and ethical responsibility to protect the privacy of patients. All information that you see or hear regarding patients, directly or indirectly, is completely confidential and must not be discussed or released in any form, except when required in the performance of your duties. If you have access to employee information, you are expected to treat such information in the same confidential manner as patient information.
- Unauthorized disclosure of medical information is also criminally punishable as a misdemeanor. The mere acknowledgment that a patient is being treated for HIV disease, psychiatric disorders, drug abuse or alcohol abuse may expose you and the Medical Center to both substantial fines and liability to the patient.
- If you are unsure about the appropriate action in regard to confidentiality, seek advice from the Sunshine Teams Coordinator.
- I understand and agree that in the performance of my duties at any Facilities served by MCHS and Sunshine Teams, I must hold patient information, employee and financial information in confidence. I understand that any violation of confidentiality may result in disciplinary action including termination of my volunteer position and liability for civil damages.

Signature _____ Date _____