
Emergency Contact:

Name	Relationship	Phone Number

Name	Relationship	Phone Number

CONFIDENTIALITY STATEMENT: In efforts to protect the identity and safety of the clients served by MCWCC and maintain confidentiality of the shelter location, all staff and volunteers must sign the confidentiality agreement, promising not to divulge the identity of any client or disclose any other information pertaining to a client.

LIABILITY RELEASE: I release the MCWCC and Resale Store from all liability pertaining to accidents, injuries or complications resulting from activities. I authorize the MCWCC or other emergency vehicles to transport me to the nearest hospital in case of injury. I authorize the hospital to administer the necessary care. I understand the MCWCC is not responsible for medical costs associated with any injury.

PHOTO MEDIA RELEASE: I hereby give permission to the MCWCC to photograph me, video/audio me, and use my name on the MCWCC website, social media, donor communications and external media publications.

DIVERSITY STATEMENT: I understand that it is the goal of MCWCC to strive to develop a governing body, staff, volunteer base and client that is representative of the community served, and that is diverse in gender, age, race, sexual orientation, national origin, religion and disability status.

CRIMINAL BACKGROUND: If you are volunteering directly with the MCWCC clients, you will be required to complete all relevant training, submit two personal references, and provide social security information in order to conduct a criminal history background check.

The checked boxes above and my signature below constitute my understanding and acceptance of these policies set forth by MCWCC.

Signature

Date

Signature of Parent/Guardian-
(If applicant is under 18 years of age)

Date

Please return your completed application to the Matagorda County Women’s Crisis Center via:

Mailing Address: The Crisis Center
P.O. Box
Bay City, TX 77404

E-mail: beverlye@crisiscnt.com



MATAGORDA COUNTY WOMEN'S CRISIS CENTER

AGREEMENT OF CONFIDENTIALITY

VOLUNTEERS

The Matagorda County Women's Crisis Center is committed to the safety and welfare of its clients. The Center is also committed to the confidentiality of all information regarding its clients as a means of ensuring their safety.

Confidentially is defined as the assurance that access to information regarding any client shall be strictly controlled and that any violation of such control shall be a breach of faith. Confidential information shall include but is not limited to:

1. Communications, information and observations made by and between or about adult and child clients, staff, volunteers, student interns and board members.
2. Addresses of employment, residence, and family addresses of clients, staff, volunteers, student interns and board members.
3. Names of clients, staff, student interns, and volunteers unless written permission is provided by the individuals and approved by the Executive Director.
4. Photographs taken of clients, staff, or volunteers.

Volunteers must never release confidential information, either over the phone or in person, about the Center and its clients without the express permission of the Executive Director or a designated staff member. This includes release of information to board members, criminal justice personnel, family members, community supporters, or other interested parties.

I have read the Center's Agreement of Confidentiality and agree to abide by its condition of confidentiality. I understand that these conditions apply to me as I serve as a volunteer and continue to be binding on me when I leave the Center, and that a violation may be grounds for termination of volunteer status and possible civil liability.

Name: _____ Date: _____

Witness: _____ Date: _____



3010 6TH St., Bay City, TX 77414

Office: (979) 245-9109

**MATAGORDA COUNTY WOMEN'S CRISIS CENTER
RELEASE OF LIABILITY-VOLUNTEERS**

CLIENTS

Matagorda County Women's Crisis Center ("The Crisis Center") is unable to assume any liability on behalf of clients. Please read the following statements releasing The Crisis Center from liability and indicate your understanding by your signature below.

LIABILITY RELEASE

I AGREE to respect the persons, privacy, and possessions of the clients, staff and volunteers to The Crisis Center and to ensure that my children do the same.

I RECOGNIZE that, I alone as a volunteer, am responsible for my safety and health. I alone am responsible for my possessions. The staff and/or volunteers at The Crisis Center cannot safeguard or be responsible for my possessions or me.

In respect to the volunteer services which I provide to The Crisis Center, I understand that The Crisis Center assumes no liability or responsibility whatsoever in connection with the services provided, for act of omission or commission which might constitute as negligence; nor for any loss, theft or injury to persons or property; nor during any transportation by staff, volunteers or clients to or from any location; nor from any illness, damage or inconvenience sustained by me.

Photographic Release: I grant and convey to The Crisis Center all right, title, and interests in any and all photographs, images, video, or audio recording of me or my likeness or voice made by The Crisis Center in connection with my providing volunteer services to The Crisis Center.

I **AGREE** to hold The Crisis Center, its staff, employees, interns, agents, volunteers, contributors, officers and directors harmless from any and all claims, demands, debts, responsibilities and/or liability relating to me.

By signing below, I certify that I have read and understood the above release of liability.

Volunteer Signature

Date

Volunteer name

Witness signature

Date