

Each Group Volunteer should read the following agreements and then provide the required registration information on the following pages. Background checks ensure the safety and well-being of our potentially vulnerable clientele, and volunteer registration is necessary for insurance coverage.

VOLUNTEER AGREEMENTS

I agree to volunteer my services through the Macomb County Interfaith Volunteer Caregivers program.

As a volunteer I agree to act in good faith and to avoid any reckless misconduct, abiding by all program policies and procedures, and performing only those tasks that are agreed upon.

As a registered volunteer, I understand that I am covered under the program's general liability insurance, however since I am not a paid employee, I am not covered under the program's worker's compensation policy for any accident or injury incurred during my volunteer service.

I agree not to solicit, nor accept, any money from the clients or their families for my own use, nor attempt to sell any type of merchandise or service to the clients or their families.

I also agree to respect the dignity and confidentiality of all clients, and refrain from converting others to by own personal or religious beliefs.

Background Checks:

Because I am concerned with the safety of the potentially vulnerable older or disabled adults in the program, I authorize the Macomb County Interfaith Volunteer Caregivers program to investigate all statements in my registration and/or application and to conduct a background check, including but not limited to all criminal history, and to contact my references and/or former employers and other sources to gain information and/or records concerning me.

I authorize these police agencies, past employers, my references and other sources to release this information and/or records without liability for damage incurred in giving it, and I waive any written notice of the release of such records that may be required by state or federal law.

I specifically release from any liability, any current or former employer, its agents, representatives, employees, officers or directors for giving such information and/or records to the Macomb County Interfaith Volunteer Caregivers program.

I also understand and agree to hold Macomb County Interfaith Volunteer Caregivers harmless and without liability for investigating and receiving records or information from any and all sources pursuant to this Authorization.