



Volunteer Acknowledgement

Instructions

- Read the statements below and initial the box next to each under "Volunteer."
- Sign and date the form at the bottom.
- If you are under 18, your parent or guardian must also read, initial, and sign the form.
- Turn completed form into Volunteer Manager.
- Questions? Call (321) 615-6359 x202 or email OVM@floridawildlifehospital.org.

Agreements

Waiver of Liability

I hereby for myself, my heirs, executors, administrators, and assigns, waive and release all claims for damages which I may have or which may here accrue to me against the Florida Wildlife Hospital, Inc. (FWH) sponsors, agents, representatives, or assigns for and all damages which may be sustained and suffered by me in connection with my association with or participation.

I voluntarily agree to assume all the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my volunteering at Florida Wildlife Hospital or its sponsored programs.

Confidentiality Policy

Any information that a volunteer learns about Florida Wildlife Hospital, Inc., or its members or donors, as a result of working for Florida Wildlife Hospital, Inc. that is not otherwise publicly available constitutes confidential information. Volunteers may not disclose confidential information to anyone who is not employed by Florida Wildlife Hospital, Inc. or to other persons employed by Florida Wildlife Hospital, Inc. who do not need to know such information to assist in rendering services.

The disclosure, distribution, electronic transmission or copying of Florida Wildlife Hospital, Inc.'s confidential information is prohibited both during and after engagement. Any volunteer who discloses confidential Florida Wildlife Hospital, Inc. information will be subject to disciplinary action (including possible separation), even if he or she does not actually benefit from the disclosure of such information. The provisions of this policy and pledge shall survive termination of the volunteer's agreement for engagement and the volunteer's duty to hold confidential information in confidence shall remain in effect until the information is no longer qualified as confidential or Florida Wildlife Hospital, Inc. sends a written notice releasing the volunteer from this pledge, whichever occurs first. If a court finds any provisions of this pledge invalid or unenforceable, the remainder of this pledge shall be interpreted so as best to affect the intent of the parties.

I understand the above policy and pledge not to disclose confidential information.

Assumption of Risk for Coronavirus/COVID-19

Coronavirus/COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and spreads mainly from person-to-person contact. Contracting COVID-19 can lead to severe illness, personal injury, permanent disability, and death. The Florida Wildlife Hospital (FWH) and staff undertake every effort to keep our facilities clean and disinfected and have protocols and preventative measures to reduce the spread of COVID-19; however as with any facility, we cannot guarantee that you or your minor child(ren) will be 100% safe from airborne illnesses such as COVID-19, colds or flu while volunteering at the Florida Wildlife Hospital or participating in its programs.

I agree to follow Center of Disease Control (CDC) recommendations, local health district guidelines, and Florida Wildlife Hospital policies and procedures for reducing the spread of COVID-19 including but not limited to social distancing, wearing a mask indoors and outdoors if near other people, and washing hands.

I understand that there is no direct medical health coverage afforded to me during my relationship with Florida Wildlife Hospital. Florida Wildlife Hospital is not responsible for any potential exposure to COVID-19.

Acknowledge Receipt of Volunteer Handbook and Master SOPs

I acknowledge that I received Florida Wildlife Hospital's Volunteer Handbook and Master Standard Operating Procedures (SOPs), which provides the policies, procedures, guidelines, and information affecting my volunteer experience. I accept continued responsibility for familiarizing myself with the information in the handbook and SOPs and will ask questions or seek clarification if necessary. I understand that Florida Wildlife Hospital can modify, eliminate, revise, or deviate from the information in the handbook and SOPs at any time without advanced notice.

I also acknowledge that the handbook and SOPs are neither contracts of employment nor legal documents and that nothing in them creates an expressed or implied contract of employment. My volunteer experience with Florida Wildlife Hospital is purely voluntary on my part without a specific duration. This means I can stop my volunteer experience at any time with or without reason or advanced notice and the Florida Wildlife Hospital can do the same. I will be serving as an unpaid volunteer for Florida Wildlife Hospital, which will not pay me any salary, wages, compensation, or other benefits during my volunteer experience.

Acknowledgement

	Volunteer	Parent or Guardian <i>if volunteer is under 18</i>
I read and understood the above Waiver of Liability and waive and release all claims for damages.	<input type="checkbox"/>	<input type="checkbox"/>
I read and understood the above Confidentiality Policy and pledge not to disclose confidential information.	<input type="checkbox"/>	<input type="checkbox"/>
I acknowledge that Florida Wildlife Hospital is doing everything they can to protect the public, volunteers, and staff. I agree to comply with any COVID-19 policies and understand that failure to follow written or verbal instructions from staff may result in volunteer privileges being removed.	<input type="checkbox"/>	<input type="checkbox"/>
I received Florida Wildlife Hospital's Volunteer Handbook and Master SOPs and agree to familiarize myself with the information and follow all policies, procedures, and guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
I give my permission for photos of me in my capacity as a volunteer to be used in any Florida Wildlife Hospital publication and on the FWH Website.	<input type="checkbox"/>	<input type="checkbox"/>
Signature	Date	
Printed Name		
Parent of Guardian's Signature <i>if volunteer is under 18</i>		