

Cardinal Newman
HIGH SCHOOL

Dear Volunteer,

The Diocese of Santa Rosa remains committed to the safety and well-being of the children entrusted to our care. We have implemented a structure that must be followed to ensure their continued safety. This is a reminder of the requirements we have implemented for all of those volunteers who have regular contact with children.

1. All must receive our Safe Environment Training. Our online training is through the Catholic Mutual Group.
 - a. -The link to to the website is <https://cmgconnect.org>
 - b. -The link for the training is <https://santarosa.cmgconnect.org>
2. All must be fingerprinted. ***You must complete the online training prior to submitting your fingerprints so that they can match the fingerprints to the correct Diocesan location.*** Please see the next sheet for the fingerprinting hours and locations.
 - a. -Volunteers use the ORI number, A5748, DOJ only (any volunteer fingerprinted elsewhere, but not on file with the Diocese MUST be re-fingerprinted under the ORI number given above).
3. TB (proof of a negative test)
4. Code of Conduct for School Workers
5. Volunteer Release and Waiver of Liability Form

Bishop Vasa requires that all volunteers must comply with these requirements, and at no time should a volunteer be accessing children until these requirements are met.



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REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A5748

ORI (code assigned by DOJ)

School Volunteer

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Volunteer

Authorized Applicant Type

Contributing Agency Information:

Roman Catholic Bishop of Santa Rosa

Agency Authorized to Receive Criminal Record Information

P.O. Box 1297

Street Address or P.O. Box

Santa Rosa

City

CA



State

95402

ZIP Code

00758

Mail Code (five-digit code assigned by DOJ)

Julie Sparacio

Contact Name (mandatory for all school submissions)

7075663308

Contact Telephone Number

Applicant Information:

Last Name

Other Name: (AKA or Alias)

Last Name

Sex ☐ Male ☐ Female

Date of Birth

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Home

Address Street Address or P.O. Box

First Name

Middle Initial

Suffix

First Name

Suffix

Driver's License Number

Billing

Number

(Agency Billing Number)

Misc.

Number

(Other Identification Number)

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:

OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI

(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:

Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Cardinal Newman High School

Employer Name

10 Ursuline Road

Street Address or P.O. Box

7075466470

Telephone Number (optional)

Santa Rosa

City

CA



State

95403

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



California School Employee Tuberculosis (TB) Risk Assessment Questionnaire

(for pre-K, K-12 schools and community college employees, volunteers and contractors)



- Use of this questionnaire is required by California Education Code sections 49406 and 87408.6, and Health and Safety Code sections 1597.055 and 121525-121555.[^]
- The purpose of this tool is to identify **adults** with infectious tuberculosis (TB) to prevent them from spreading disease.
- Do not repeat testing unless there are **new** risk factors since the last negative test.
- Do not treat for latent TB infection (LTBI) until active TB disease has been excluded:
For individuals with signs or symptoms of TB disease or abnormal chest x-ray consistent with TB disease, evaluate for active TB disease with a chest x-ray, symptom screen, and if indicated, sputum AFB smears, cultures and nucleic acid amplification testing. A negative tuberculin skin test (TST) or interferon gamma release assay (IGRA) does not rule out active TB disease.

Name of Person Assessed for TB Risk Factors: _____

Assessment Date: _____

Date of Birth: _____

History of Tuberculosis Disease or Infection (Check appropriate box below)

☐ Yes

- If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in the previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. If the x-ray does not have evidence of TB, the person is no longer required to submit to a TB risk assessment or repeat chest x-rays.

☐ No (Assess for Risk Factors for Tuberculosis using box below)

TB testing is recommended if any of the 3 boxes below are checked

☐ One or more sign(s) or symptom(s) of TB disease

- TB symptoms include prolonged cough, coughing up blood, fever, night sweats, weight loss, or excessive fatigue.

☐ Birth, travel, or residence in a country with an elevated TB rate for at least 1 month

- Includes countries other than the United States, Canada, Australia, New Zealand, or Western and North European countries.
- Interferon gamma release assay (IGRA) is preferred over tuberculin skin test (TST) for non-US-born persons.

☐ Close contact to someone with infectious TB disease during lifetime

Treat for LTBI if TB test result is positive and active TB disease is ruled out

[^]The law requires that a health care provider administer this questionnaire. A health care provider, as defined for this purpose, is any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services. A Certificate of Completion should be completed after screening is completed (page 3).



California School Employee Tuberculosis (TB) Risk Assessment User Guide

(for pre-K, K-12 schools and community college employees, volunteers and contractors)

Background

California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current federal Centers for Disease Control and Prevention (CDC) recommendations for targeted TB testing. Enacted laws, AB 1667, effective on January 1, 2015, SB 792 on September 1, 2016, and SB 1038 on January 1, 2017, require a TB risk assessment be administered and if risk factors are identified, a TB test and examination be performed by a health care provider to determine that the person is free of infectious tuberculosis. The use of the California School Employee TB Risk Assessment and the Certificate of Completion, developed by the California Department of Public Health (CDPH) and California TB Controllers Association (CTCA) are also required.

AB 1667 impacted the following groups on 1/1/2015:

1. Persons employed by a K-12 school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
2. Persons employed, or employed under contract, by a private or parochial elementary or secondary school, or any nursery school (California Health and Safety Code, Sections 121525 and 121555).
3. Persons providing for the transportation of pupils under authorized contract in public, charter, private or parochial elementary or secondary schools (California Education Code, Section 49406 and California Health and Safety Code, Section 121525).
4. Persons volunteering with frequent or prolonged contact with pupils (California Education Code, Section 49406 and California Health and Safety Code, Section 121545).

SB 792 impacted the following group on 9/1/2016:

Persons employed as a teacher in a child care center (California Health and Safety Code Section 1597.055).

SB 1038 impacted the following group on 1/1/2017:

Persons employed by a community college district in an academic or classified position (California Education Code, Section 87408.6).

Testing for latent TB infection (LTBI)

Because an interferon gamma release assay (IGRA) blood test has increased specificity for TB infection in persons vaccinated with BCG, IGRA is preferred over the tuberculin skin test (TST) in these persons. Most persons born outside the United States have been vaccinated with BCG.

Previous or inactive tuberculosis

Persons with a previous chest radiograph showing findings consistent with previous or inactive TB should be tested for LTBI. In addition to LTBI testing, evaluate for active TB disease.

Negative test for LTBI does not rule out TB disease

It is important to remember that a negative TST or IGRA result does not rule out active TB disease. In fact, a negative TST or IGRA in a person with active TB can be a sign of extensive disease and poor outcome.

Symptoms of TB should trigger evaluation for active TB disease

Persons with any of the following symptoms that are otherwise unexplained should be medically evaluated: cough for more than 2-3 weeks, fevers, night sweats, weight loss, hemoptysis.

Most patients with LTBI should be treated

Because testing of persons at low risk of LTBI should not be done, persons that test positive for LTBI should generally be treated once active TB disease has been ruled out. However, clinicians should not be compelled to treat low risk persons with a positive test for LTBI.

Emphasis on short course for treatment of LTBI

Shorter regimens for treating LTBI have been shown to be more likely to be completed and the 3 month 12-dose regimen has been shown to be as effective as 9 months of isoniazid. Use of these shorter regimens is preferred in most patients. Drug-drug interactions and contact to drug resistant TB are typical reasons these regimens cannot be used.

Repeat risk assessment and testing

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray should be performed at initial hire. Once a person has a documented positive test for TB infection that has been followed by a chest x-ray (CXR) that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required.

Repeat risk assessments should occur every four years (unless otherwise required) to identify any additional risk factors, and TB testing based on the results of the TB risk assessment. Re-testing should only be done in persons who previously tested negative, and have new risk factors since the last assessment.

Please consult with your local public health department on any other recommendations and mandates that should also be considered.



Certificate of Completion Tuberculosis Risk Assessment and/or Examination

To satisfy **job-related requirements** in the California Education Code, Sections 49406 and 87408.6 and the California Health and Safety Code, Sections 1597.055, 121525, 121545 and 121555.

First and Last Name of the person assessed and/or examined:

Date of assessment and/or examination: _____mo./_____day/_____yr.

Date of Birth: _____mo./_____day/_____yr.

The above named patient has submitted to a tuberculosis risk assessment. The patient does not have risk factors, or if tuberculosis risk factors were identified, the patient has been examined and determined to be free of infectious tuberculosis.

X _____

Signature of Health Care Provider completing the risk assessment and/or examination

Please print, place label or stamp with Health Care Provider Name and Address (include Number, Street, City, State, and Zip Code):



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



California law requires that school staff working with children and community college students be free of infectious tuberculosis (TB). These updated laws reflect current recommendations for targeted TB testing from the federal Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the California Conference of Local Health Officers and the California Tuberculosis Controllers Association (CTCA).

What specifically did AB 1667 change on January 1, 2015?

1. Replaces the mandated TB examination on initial employment with a TB risk assessment, and TB testing based on the results of the TB risk assessment, for the following groups:
 - a. Persons initially employed by a school district, or employed under contract, in a certificated or classified position (California Education Code, Section 49406)
 - b. Persons initially employed, or employed under contract, by a private or parochial elementary or secondary school or any nursery school (California Health and Safety Code, Sections 121525 and 121555)
 - c. Persons providing for the transportation of pupils under authorized contract (California Health and Safety Code, Section 121525)
2. Replaces the mandated TB examination at least once each four years of school employees who have no identified TB risk factors or who test negative for TB infection with a TB risk assessment, and TB testing based on the TB risk assessment responses. (California Education Code, Section 49406 and California Health and Safety Code, Section 121525)
3. Replaces mandated TB examination (within the last four years) of volunteers with "frequent or prolonged contact with pupils" in private or parochial elementary or secondary schools, or nursery schools (California Health and Safety Code, Section 121545) with a TB risk assessment administered on initial volunteer assignment, and TB testing based on the results of the TB risk assessment.
4. For school district volunteers with "frequent or prolonged contact with pupils," mandates a TB risk assessment administered on initial volunteer assignment and TB testing based on the results of the TB risk assessment. (California Education Code, Section 49406)

What specifically did SB 792 change on September 1, 2016?

California Health and Safety Code, Section 1597.055 requires that persons hired as a teacher in a child care center must provide evidence of a current certificate that indicates freedom from infectious TB as set forth in California Health Safety Code, Section 121525.

What specifically does SB 1038 change on January 1, 2017?

California Education Code, Section 87408.6 requires persons employed by a community college in an academic or classified position to submit to a TB risk assessment developed by CDPH and CTCA and, if risk factors are present, an examination to determine that he or she is free of infectious TB; initially upon hire and every four years thereafter.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



Who developed the school staff and volunteer TB risk assessment?

The California Department of Public Health (CDPH) and the California Tuberculosis Controllers Association (CTCA) jointly developed the TB risk assessment. The risk assessment was adapted from a form developed by Minnesota Department of Health TB Prevention and Control Program and the Centers for Disease Control and Prevention.

Who may administer the TB risk assessment?

Per California Education and Health and Safety Codes, the TB risk assessment is to be administered by a health care provider. The risk assessment should be administered face-to-face. The practice of allowing employees or volunteers to self-assess is discouraged.

What is a "health care provider"?

A "health care provider" means any organization, facility, institution or person licensed, certified or otherwise authorized or permitted by state law to deliver or furnish health services.

If someone is a new employee and has a TB test that was negative, would he/she need to also complete a TB risk assessment?

Check with your employer about what is needed at the time of hire.

If someone transfers from one K-12 school or school district to another school or school district, would he/she need to also complete a TB risk assessment?

Not if that person can produce a certificate that shows he or she was found to be free of infectious tuberculosis within 60 days of initial hire, or the school previously employing the person verifies that the person has a certificate on file showing that the person is free from infectious tuberculosis.

If someone does not want to submit to a TB risk assessment, can he/she get a TB test instead? Yes, a TB test, and an examination if necessary, may be completed instead of submitting to a TB risk assessment.

If someone has a positive TB test, can he/she start working before the chest x-ray is completed? No, the x-ray must be completed and the person determined to be free of infectious TB prior to starting work.

If someone has a positive TB test, does he/she need to submit to a chest x-ray every four (4) years? No, once a person has a documented positive TB test followed by an x-ray, repeat x-rays are no longer required every four years. If an employee or volunteer becomes symptomatic for TB, then he/she should promptly seek care from his/her health care provider.



California School Employee Tuberculosis Risk Assessment Frequently Asked Questions



What screening is required for someone who has a history of a positive TB test or TB disease at hire?

If there is a documented history of positive TB test or TB disease, then a symptom review and chest x-ray (if none performed in previous 6 months) should be performed at initial hire by a physician, physician assistant, or nurse practitioner. Once a person has a documented positive test for TB infection that has been followed by an x-ray that was determined to be free of infectious TB, the TB risk assessment (and repeat x-rays) is no longer required. If an employee or volunteer becomes symptomatic for TB, then he/she should seek care from his/her health care provider.

For volunteers, what constitutes "frequent or prolonged contact with pupils"?

Examples of what may be considered "frequent or prolonged contact with pupils" include, but are not limited to, regularly-scheduled classroom volunteering and field trips where cumulative face-to-face time with students exceeds 8 hours.

Who may sign the Certificate of Completion?

- If the patient has no TB risk factors then the health care provider completing the TB risk assessment may sign the Certificate of Completion.
- If a TB test is performed and the result is negative, then the licensed health care provider interpreting the TB test may sign the Certificate.
- If a TB test is positive and an examination is performed, only a physician, physician assistant, or nurse practitioner may sign the Certificate.

What does "determined to be free of infectious tuberculosis" mean on the Certificate of Completion?

"Determined to be free of infectious TB" means that a physician, physician assistant, or nurse practitioner has completed the TB examination and provided any necessary treatment so that the person is not contagious and cannot pass the TB bacteria to others. The TB examination for active TB disease includes a chest x-ray, symptom assessment, and if indicated, sputum collection for acid-fast bacilli (AFB) smears cultures and nucleic acid amplification testing.

What if I have TB screening or treatment questions?

Consult the federal Centers for Disease Control and Prevention's *Latent Tuberculosis Infection: A Guide for Primary Health Care Providers* (2013) (<http://www.cdc.gov/tb/publications/LTBI/default.htm>). If you have specific TB screening or treatment questions, please contact your local TB control program (<http://www.ctca.org/locations.html>).

Who may I contact to get further information or to download the TB risk assessment?

- California Tuberculosis Controllers' Association
<https://www.ctca.org/providers/>
- California Department of Public Health, Tuberculosis Control Branch: (510) 620-3000
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>
- California School Nurses Organization; (916) 448-5752 or email csno@csno.org
<http://www.csno.org/>

CODE OF CONDUCT FOR SCHOOL WORKERS
*DIOCESE OF SANTA ROSA CODE OF CONDUCT FOR DIOCESAN PERSONNEL IN MINISTRY
OR IN PASTORAL COUNSELING WITH CHILDREN AND YOUNG PEOPLE*

MINISTRY WITH MINORS

1. Minors are to be considered as restricted individuals. That is, they are *not* independent. Wherever they are and whatever they do must be with the explicit knowledge and consent of their parents or guardians. They are not adults and are not permitted unfettered decisions.
2. Clergy, religious, employed personnel and volunteers are to avoid all situations which place them in a position to be alone with a minor in the rectory, school or in a closed room except for a priest when hearing confessions in the confessional.
3. In meeting and pastoral counseling involving a minor, excluding the Sacrament of Penance (Confession/Reconciliation), the presence or proximity of another adult is encouraged. However, where the presence of another adult is unusual or not practical (piano lessons, disciplinary meeting with an administrator, etc.):
 - another adult should know the meeting is to take place,
 - the meeting place is accessible, not secluded, well lit with clear lines of sight into the room
 - the door must be open unless there is a clear window in the door of the meeting place.

4. An unaccompanied minor is allowed only in the professional section of the rectory or parish center, but never in the living quarters.
5. Minors, age 16 and over, are permitted to work in the rectory, parish residence, school or parish facility, if two adults (over 21 years old) are present. Minors under age 16 are *not* to be hired to work in any capacity for a parish, school or diocese.
6. All adult participants in ministry with minors must comply with all diocesan safe environment policies. Clearance should be verified by the Safe Environment Coordinator for the parish/school/agency of the diocese.
7. At least two adults over the age of 21 (and one the same sex as the participants) must be present when a group of minors engage in organized events or sports activities.

Note: A young adult between the ages of 18 and 21 is not permitted to supervise minors; however, under the supervision of an adult over the age of 21 he or she can participate in a supervisory capacity.

8. Clergy, religious, employed personnel and volunteers must avoid being the only adult in a bathroom, shower room, locker room, or other dressing areas whenever minors are using such facilities.
9. Youth trips of any kind must have a minimum of two adult chaperones, at least one of whom should be of the same sex as the young people. Larger groups must have at least one adult chaperone for every eight to ten minors.
10. While on trips or program activities, the adults as well as the minors may not use alcohol or controlled substances, and anyone under the influence of such substances cannot participate.
11. While on youth trips, clergy, religious, employed personnel and volunteers are never to stay alone overnight in the same motel/hotel room with a minor or minors. One adult alone is not to engage in an overnight trip with a minor or minors.
12. The sacristy door is always to be open whenever minors are present within the sacristy.
13. Comments of a sexual nature are not to be made to any minor except in response to specific classroom or otherwise legitimate questions from a minor.
14. Topics or vocabulary, such as profanity, cursing, or vulgar humor, which could not comfortably be used in the presence of parish/school administrators, parents/guardians, or another adult, are not to be used in the presence of a minor/minors.

15. Clergy, religious, employed personnel and volunteers are absolutely prohibited from serving or supplying alcohol, tobacco products, controlled substances or pornographic or other inappropriate reading materials to minors.
16. Audiovisual, music (including its lyrics), internet, and print resources must be screened prior to use to ensure their appropriateness for the participants. It is not appropriate to use an "R"-rated movie without explicit written parent permission. Movies with a stronger designation are forbidden.
17. Careful boundaries concerning physical contact with minors must be observed at all times and should only occur under public circumstances. Prudent discretion and respect must be shown before touching another person in any way.
18. Clergy, religious, employed personnel and volunteers must refrain from giving regular and/or expensive gifts to children and young people without prior approval from the parents or guardian and the pastor or administrator.
19. It is never appropriate to require children and young people to keep "secrets" from their parents, police, etc. under threat of physical harm, "punishment by God", or any other threat.
20. The use of social media or electronic communication (for example Facebook, Instagram, Snapchat, texting, emails etc.) should comply with all applicable state laws and follow appropriate boundaries. Any communication with minors via social media should be with the express permission of parents or guardians and pertain strictly to those things related to ministry.
21. No pictures of, or personal information about minors may be posted on the internet without the express written permission of their parents or guardians.
22. Should an emergency situation arise that involves a minor, appropriate authorities are to be contacted.

PASTORAL COUNSELING WITH MINORS

1. Pastoral Counseling must take place only in the professional portion of a rectory or parish facility, never in the living quarters.
2. Offices or classrooms used for pastoral counseling must have a window in the door, or the door must be open during the counseling session.
3. Unless the subject matter precludes their presence and/or knowledge, parents or guardians of minors should be made aware of the counseling session.
4. If counseling is expected to extend beyond one session with a minor; evaluation of the situation should be made with the parents or guardians.
5. Clergy, religious, employed personnel and volunteers are responsible to recognize any personal/physical attraction to or from a minor. In such a situation the minor should be immediately referred to another qualified adult or licensed profession.
6. The Sacrament of Penance (Confession/Reconciliation) must be celebrated in the confessional or reconciliation chapel or at the designated station during a penance service.

Clear violations of the Code of Conduct with minors outlined herein, must be reported ***immediately*** to the appropriate parish, school, civil and diocesan (*Director for the Protection of Children and Young People*) authorities, in accordance with civil law and this diocesan policy.

Receipt Acknowledgement:

I have read and been informed about the Diocese of Santa Rosa Code of Conduct with minors policy for clergy, religious, employed personnel and volunteers. I have received a copy of the policy and agree to abide by its guidelines as a condition of my employment and/or volunteerism. I understand that if I have questions, at any time, regarding the Code of Conduct, I will consult with my immediate supervisor or the Diocesan Director of Child and Youth Safety.

Please read the Code of Conduct policy carefully to ensure that you understand the policy before signing.

Signature: _____ Printed Name: _____ Date: _____

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on _____ (date) by _____ ("Volunteer") releases _____ ("Nonprofit"), a nonprofit corporation organized and existing under the laws of the State of California and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.
4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to _____ involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.
5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
6. Safe Environment, Code of Conduct, & Vehicle Safety: I understand that my voluntary participation is based on the needs of the Nonprofit and in accordance with the Diocese of Santa Rosa Safe Environment, Code of Conduct, Vehicle Safety, and other relevant volunteer policies.
7. Proprietary & Confidential Information: I understand that I may be privy to sensitive or private information as a volunteer in order to perform my duties. I agree that I will protect the confidentiality of all sensitive information and will not disclose such information to friends, relatives, co-workers or anyone else except as permitted by the Nonprofit in order to conduct my volunteer work.
8. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature of Volunteer (Or parent/guardian if under 18)

Date