Indemnification Form
Please initial each section:

1. **Voluntary Participation:** I acknowledge that I am age **18 or older** and that I have voluntarily applied to assist and volunteer with Comprehensive Housing Assistance, Inc. (CHAI) and its programs. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by CHAI, and that I will not be eligible for any Workers Compensation benefits.

2. **Volunteer Release:** In consideration of the opportunity afforded me to volunteer, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against CHAI, THE ASSOCIATED, its affiliated organizations, officers or directors collectively or individually, or the supplier of any materials or equipment that is used on behalf of CHAI, any of the volunteer, or any of CHAI’s clients, for any physical or emotional injury or damage to my property, however caused, arising from my participation in CHAI’s programs. Without limiting the foregoing, I hereby waive and release any rights, actions, or causes of action resulting from my physical or emotional injury, or damage to my property, sustained in connection with my participation in the Project. It is mutually and expressly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages, or other benefits for these voluntary services. I further consent to the unrestricted use by CHAI and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures, or similar visual recording of me taken in conjunction with any services provided. Additionally, I acknowledge that I have received the volunteer manual and have been briefed on the policies and procedures included within and agree to abide by them.

3. **Confidentiality Agreement:** I acknowledge that I understand that all data, knowledge and information generated through, originating from, or having to do with volunteering is considered privileged and confidential and is not to be disclosed to any third party. I further understand that client information is not to be disclosed to any third party, under any circumstances, without the consent of a CHAI staff member. Additionally, I understand that any disclosure, misuse, copy or transmission of any material, data or information, related to the Project, made with the prior consent of a CHAI staff member, whether intentional or unintentional, will subject myself to prosecution, according to the procedures set by CHAI and any applicable state and local laws.

4. **Acceptance of Services:** I (we) do hereby accept the provision of services by Comprehensive Housing Assistance, Inc. (CHAI), an agency of THE ASSOCIATED: Jewish Community Federation of Baltimore, which may include the following: Home repair/modification, Services provided by volunteers, Home Assessment/Inspection and Occupational Therapist Assessment.

5. **Hold Harmless:** I (we) agree to hold harmless and indemnify from and against any and all actions, claims, damages, liabilities, and expenses, including attorneys’ fees, CHAI and its employees, volunteers, members, officers and directors, arising from the services rendered in connection with this agreement, either by any such employee, member, volunteer, officer, or director, or by any agent, contractor, or consultant of CHAI, or by any person referred to me (us) by CHAI.

________________________________________________________________________
Name (Please print) ____________________________________________________________________________
Date

For guardians of children under age 18: I represent that I am the custodial parent or legal guardian of the registered child, and intend CHAI and its affiliates officers, employees and agents to rely on this representation.

________________________________________________________________________
Name of children under age 18 to volunteer with CHAI (Please print)