

Family Service Association of Bucks County
Receipt of Volunteer Handbook

Please review and sign this receipt and return it to the Volunteer Coordinator.
Thank you!

Date of handbook receipt _____

Volunteer name _____

I have received and read the FSA Volunteer Handbook and understand the policies and procedures in it. I understand that if I have any questions or concerns, I should direct them to the Volunteer Coordinator at FSA.

Signed,

Volunteer signature _____

Date _____

**FAMILY SERVICE ASSOCIATION OF BUCKS COUNTY
VIDEO SURVEILLANCE POLICIES**

Acknowledgement, Consent and Release

I acknowledge that I have received copies of Family Service Association of Bucks County's Video Surveillance Policy and have been given the opportunity to read and ask any questions that I might have about the same, and that by signing this acknowledgement, I agree to adhere to the policies as a condition of my employment and/or continuing employment with Family Service Association. I understand and agree that in acknowledging and signing this form, no contract of volunteer status is hereby created, and further understand that no promise or guarantee of volunteer position for any particular term is hereby made. I also acknowledge that I am a volunteer and that either I or Family Service Association may end the volunteer relationship at any time, with or without notice or cause. I further acknowledge that my failure to adhere to these policies may subject me to disciplinary action, up to and possibly including immediate termination without warning.

I further understand that in order to promote the safety of employees, clients and agency visitors, as well as the security of the agency, Family Service may conduct video surveillance of any portion of its premises at any time, the only exception being private areas of restrooms and lunchrooms. Video cameras will be positioned in appropriate places within and around Family Service buildings and used in order to help promote the safety and security of people and property. I hereby give my consent to such video surveillance at any time the company may choose.

I hereby release Family Service from all liability, including liability for negligence associated with enforcement of these policies and/or any searches or surveillance undertaken pursuant to these policies.

Volunteer's Signature

Date

Volunteer's Name – Clearly Printed

Signature of Agency Representative

Date

Authorization For Photographs and Release of Claims

For valuable consideration, I hereby give Family Service Association of Bucks County (FSA) permission to use my picture/video and I authorize the use and reproduction of it by FSA, or anyone authorized by FSA. This includes any and all photographs/video which have been taken this day of me, for any purpose whatsoever, without further compensation to me. All negatives and positives, together with the prints and digital images, shall constitute FSA's sole property.

This release discharges Family Service Association from liability in the event that I voluntarily or inadvertently disclose confidential information about myself or others.

I have been offered a copy of this authorization.
(A copy will be maintained in the Volunteer record as applicable.)

Copy offered: _____ Accepted _____ Declined

Date: _____

Name: _____

Address, City,
State: _____

Phone: _____

Signature of Volunteer or Parent/Legal Guardian

Signature of Witness (FSA Staff)

Date in volunteer's Handwriting

Date in Witness' Handwriting

Please Contact Communications Coordinator x 223 for more information.