



Sudbury Senior Center
Council on Aging
Town of Sudbury, Massachusetts

40 Fairbank Road • Sudbury, Massachusetts • 01776-1681 • www.sudburyseniorcenter.org
Phone: 978-443-3055 • Fax: 978-443-6009 • E-mail: senior@sudbury.ma.us

**Sudbury Senior Center Volunteer
Release of Claims, Indemnity and Hold Harmless Agreement**

I, _____, the undersigned, voluntarily agree to participate in any or all of the Town of Sudbury Senior Center Volunteer Programs, including, but not limited to, the provision of services at the residence of a participant, the Sudbury Senior Center, a town building or local or non-local office or building (the "Volunteer Programs").

I also agree, on behalf of myself, my heirs, and personal representatives, to forever release, indemnify, reimburse, defend, and hold harmless the Town of Sudbury ("Town"), the Sudbury Senior Center, and all their respective successors, assigns, employees, agents, staff, board members, representatives, officers, volunteers, contractors, and any and all individuals involved in the Volunteer Programs (together with the Town, the "Releasees"), from and against any and all claims, actions, proceedings, rights of action, causes of action, damages, costs, loss of services, expenses, compensation, and attorneys' fees that may have arisen in the past, or may arise in the future, directly or indirectly, arising from known and unknown personal injuries, illness, death, or property damage (together, "Claims"), resulting from my participation as a volunteer in the Volunteer Programs.

I further affirm and acknowledge that I have read this Release of Claims and understand its content. I understand that my participation as a volunteer in the Volunteer Programs is voluntary and that I am free to choose not to participate. As such, I understand that I cannot make any Claims against the Releasees or any agency for which I am volunteering. By signing this Release of Claims, I affirm that I have agreed to participate in the Volunteer Programs with full knowledge that the Releasees will not be held liable to anyone for any Claims I may have as a result of my participation in the Volunteer Programs as a volunteer.

Signed: _____ Date: _____

Print name: _____

Address: _____ Town: _____

Phone: _____

Email: _____

**PLEASE RETURN THIS COMPLETED FORM TO:
SUDBURY SENIOR CENTER, 40 FAIRBANK RD., SUDBURY, MA 01776**

Sudbury Senior Center Volunteer Rights and Expectations

A volunteer has the right to:

- work in a healthy and safe environment
- only undertake tasks that he/she/they are comfortable with, or are physically capable of performing to an adequate standard.
- be given tasks that match his/her/their personal goals, skills and motivation as far as is possible
- have a description of the volunteer role(s)
- be provided with sufficient training to do the volunteer role(s).
- receive other support and training if necessary.
- have his/her/their confidential and personal information dealt with in accordance with the principles of the Privacy Act
- have access to a grievance procedure
- understand the lines of supervision by the staff at the Senior Center

A volunteer is expected to:

- Respect confidentiality and privacy
- Be punctual, reliable, and accountable
- Carry out the duties listed in the volunteer job description(s)
- Give notice if his/her/their availability changes or if he/she/they are resigning
- Report any injuries or hazards that he/she/they notice in the workplace
- Report any concerns or needs that he/she/they have about the senior being serviced
- Adhere to the Senior Center's policies and procedures
- Undertake training as requested
- Ask for support when needed

I, _____, understand my rights as a volunteer of the Sudbury Senior Center.

I understand the expectations of being a volunteer of the Sudbury Senior Center and I pledge to meet them.

I understand that at any time I can turn down a request to volunteer, change my mind about taking on a volunteer role, or resign from my volunteer position.

Signature _____

Name _____

Date _____