CHAMPIONS VOLUNTEERS DISCLAIMER, WAIVER & INDEMNIFICATION

(To be completed by Volunteers)

Welcome to the CHAMPIONS program. CHAMPIONS is an acronym for Community Helpers Assisting Mature Persons In Our Neighborhoods. It is Irvine's friendly visitor program designed to help seniors who are home bound by having a volunteer visit them.

CHAMPIONS volunteers are available to visit someone in their home, go out to restaurants, movies or to local attractions (depending on mutual interest). The CHAMPIONS volunteer may also assist with grocery shopping. Clients are not expected to pay for your service nor are you expected to pay for clients' expenses.

As a volunteer, you may be assigned to one or more clients. It is not possible for the City to monitor all of the clients during the individual visits, so it is important for you to assess your comfort level with the clients you are assigned to and to communicate with the City staff. If for any reason you are not comfortable with a client assigned to you, please let the City staff know and you will be assigned to another client as soon as possible.

If a situation arises during the course of a CHAMPIONS visit tha	concerns you about the safety of the client (or about your own safety), call
911, as well as alert the Outreach Program Care Manager. Yo	should feel free to contact the City about any concerns or situations that
arise from the program as well by telephoning:	

In order to participate in the CHAMPIONS Volunteers Program, you agree:

- 1. You will keep current your automobile insurance, auto registration and your driver's license;
- 2. You have read, and you agree to abide by, the Outreach Volunteer Policies and Procedures;

I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS AND AGREE ON BEHALF OF MYSELF AND MY FAMILY.

3. You understand that in the course of your work as a volunteer, you may be exposed to medical, financial, or personal information pertaining to clients and/or families. You understand and agree that this information is to be kept strictly confidential and will not be shared with anyone except Outreach Staff who need to know the information in order to provide services. I further understand that divulging the information may result in my immediate dismissal from my volunteer role with the Outreach Program.

PHONE NUMBER

WAIVER, RELEASE, AND INDEMNIFICATION

NAME

By signing below, the undersigned hereby releases, waives, and holds harmless the City of Irvine and its Council members, officers, employees, volunteers and agents (collectively "City Representatives") from any and all suits, claims, damages, losses, injuries (including property damage, bodily injury or death), and any other compensable loss of any type (collectively "Claims") to you and your family directly or indirectly arising out of your participation in the Champions volunteers program, or out of the actions, conduct or inaction of the volunteers, whether or not the negligence of the City or City Representatives contribute to or cause the Claims. This release does not apply to the extent the Claims are caused by the gross negligence or willful or wanton misconduct of the City or City Representatives. You further agree to defend and indemnify the City and City Representatives from any and all Claims directly or indirectly arising out of the negligent, reckless or willful acts or omissions of you or your family.

NIA NATX	DATE
NAME*	DATE
SIGNATURE*	WITNESS SIGNATURE (OPTIONAL)*