

Volunteer Waivers & Media Consent



Please print, sign, scan and email all 3 pages to Volunteer@egmission.org, mail in or submit in person.

Thank you for serving with Everett Gospel Mission (egm). To keep everyone safe and aligned, please read and agree to the terms below. In this document, “Volunteer Activities” means any activities you do with or for egm, on or off our campuses, including travel to and from those activities.

I understand that volunteering can involve risks, including the risk of injury or death and damage to personal property. I choose to participate and accept all risks related to Volunteer Activities.

In return for being allowed to volunteer, I release egm—including its officers, directors, employees, and agents—from all claims and liabilities for injury, death, or property damage that arise from my participation in Volunteer Activities, however and wherever they occur, even if caused in whole or in part by egm’s negligence.

This release covers me and anyone who could make a claim on my behalf (including my family, estate, heirs, and assigns).

I agree to defend, indemnify, and hold egm harmless from any claims, losses, or costs (including reasonable attorneys’ fees) arising out of my participation in Volunteer Activities.

I represent that I am in good health and have no condition that should prevent me from taking part in Volunteer Activities. I will tell egm if anything changes.

I understand that egm does not provide insurance for me (or for my child if the Volunteer is under 18). I am responsible for my own medical, health, and personal property insurance.

This waiver is intended to be as broad and inclusive as allowed by Washington State law. If any part is found invalid, the rest will still apply.

I understand this document is a legal contract that affects my rights, and I am signing it knowingly and voluntarily.

If the Volunteer is Under 18

I am the parent or legal guardian of the Volunteer named below. I have read and agree to all terms on the Volunteer’s behalf. I consent to the Volunteer’s participation in the Volunteer Activities and agree to the Release and Indemnification above for myself and the Volunteer.

Volunteer Signature

Date

Printed Name

Parent/Guardian Signature (If volunteer is under 18)

Date

Printed Name

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Media Release & Consent

Sharing stories helps our community understand the work happening at egm and invites others to support it.

By taking part in egm volunteer activities, I give egm permission to capture and use photos, video, and audio recordings of me (“Media”) for mission-related communications, including (but not limited to): egm websites, social media, newsletters, brochures, slides, fundraising appeals & reports, press materials, and other print or digital communications.

The details

- **No payment:** I understand I will not receive compensation for the use of this Media.
- **Editing & format:** egm may crop, adapt, or combine Media for clarity and length, while honoring the dignity of everyone portrayed.
- **Name use:** egm may use my first name and general role (e.g., “Volunteer”) unless I tell egm not to.
- **Duration & scope:** Permission is **royalty-free, worldwide, and perpetual** for mission-related use.
- **Respect & dignity:** egm will not use Media in a misleading, exploitative, or demeaning way and will not sell my personal information.

Changing my mind

I can **withdraw permission at any time for future uses** by emailing egm. This won’t affect materials already produced or published.

If I prefer **not** to be photographed or recorded, I will let egm staff know when I arrive so they can provide a visible “no-photo” indicator and help me avoid cameras.

If the Volunteer is Under 18

I am the **parent or legal guardian** of the Volunteer named below. I have read this Media Release and give permission for EGM to capture and use the Volunteer’s Media as described above. I understand I may withdraw permission for future uses as noted.

____ I **do** give my permission. ____ I **do not** give my permission.

Volunteer Signature

Date

Printed Name

Parent/Guardian Signature (If volunteer is under 18)

Date

Printed Name

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Confidentiality Acknowledgement

Why this matters: At egm, we protect the dignity and privacy of our guests, donors, staff, partners, and volunteers. Keeping sensitive information confidential is part of how we care well for our community.

“Confidential Information” means any non-public information related to egm, including (but not limited to):

- **Guest/Client information:** names, stories, case notes, appointments, health or faith details, services received.
- **Donor/Grantee information:** names, contact details, giving history, pledges, grant terms.
- **Operations & finances:** budgets, costs, salaries, vendor pricing or programs, contracts, strategies, internal reports, and business processes.
- **Access details:** passwords, door codes, device access, internal emails, and any materials labeled confidential.
- **Your commitment (need-to-know only)**

I will:

- Access and share confidential information **only when it’s necessary** for my role (“need-to-know”).
- **Not disclose** confidential information to anyone outside egm or to egm team members who don’t need it for their work.
- **Not discuss** confidential matters in public spaces (lobbies, hallways, social media, rideshares, etc.).
- **Protect records and devices** (lock screens, secure papers, return documents).
- **Ask a staff member** if I am unsure whether something is confidential.

The following are violations of this policy:

1. Sharing confidential information in a way that could **harm egm, its guests, staff, or volunteers;** or
2. Sharing confidential information to **benefit another person, company, or organization.**

Disclosure may occur **only** when:

- Required by law or court order (after notifying egm if permitted), or
- Explicitly authorized by an egm staff leader for a specific purpose.

Maintaining confidentiality **continues after** my role ends. I will return or delete any egm information or materials I hold.

I understand that **misuse or unauthorized disclosure** of confidential information may result in **disciplinary action up to and including ending my role**, and egm may pursue other remedies allowed by law.

I have read and understand this Confidentiality Acknowledgement. I agree to follow it and to uphold the dignity and privacy of every person served by egm.

Volunteer Signature

Date

Printed Name

Parent/Guardian Signature (If volunteer is under 18)

Date

Printed Name