



Group Hold Harmless Statement

We, herein referred to as Volunteer's, have offered to provide volunteer services to Meals on Wheels Collin County. We understand and hereby agree to hold Meals on Wheels Collin County, its board of directors, employees, officers, and agents harmless of any loss, damage, or injury sustained by volunteering, from any cause whatsoever, arising out of or in connection with any activity as Volunteers.

Name of Organization, Corporation, or Group:

Date:

Activity:

Point Of Contact (POC):

Printed Name

Signature

Attached is a separate sign-in list of all participants acting as volunteers associated with this group activity with individual signatures.



Group Volunteer(s) Acknowledgment and Receipt Form

This is to acknowledge that our organization has received all of the Meals on Wheels Collin County Volunteer Onboarding documents as listed below. We also confirm that we did participate and complete the required Meals on Wheels Collin County Volunteer Orientation.

These Onboarding documents contain important policies and procedures that all volunteers are required to follow during their volunteer assignment with Meals on Wheels Collin County. We understand that Meals on Wheels Collin County reserves the right to revise, delete, and add to the provisions of these documents at any time without further notice.

Please read the following statements and sign below to indicate your organizations receipt and acknowledgment of the following Onboarding documents.

- ❖ We have received, read, and understand the Volunteer Confidential Agreement and hereby agree to abide by this policy.
- ❖ We have received, read and understand the Hold Harmless Statement and agree to hold Meals on Wheels Collin County harmless of any loss or damages.
- ❖ We have received, read, and understand the MOWCC Conflict of Interest Statement
- ❖ We have received, read, and understand the MOWCC Security and Privacy Policies for Volunteers
- ❖ We have received, read, and understand the MOWCC Photo Release Form

As volunteers for Meals on Wheels Collin County, we agree to abide by all the policies and procedures contained herein. We also agree that the point of contact's signature below indicates our organizations acceptance and understanding of the above Onboarding documents.

X

Point of Contact Printed Name

X

Point of Contact Signature

X

Corporate/Organization Name

X

Date

**ACKNOWLEDGEMENT OF NORTH CENTRAL TEXAS AREA AGENCY ON AGING
PRIVACY AND SECURITY POLICIES**

I acknowledge that I have reviewed and agree to abide by the North Central Texas Area Agency on Aging Security and Privacy Policies for Volunteers. I recognize that the policies may be changed, amended, or supplemented at any time, and that such changes will supersede these policies.

Volunteer Signature

Volunteer Name

Date

Meals on Wheels Collin County



AUTHORIZATION TO BE PHOTOGRAPHED/VIDEOTAPED/INTERVIEWED

I, _____, authorize

Meals on Wheels Collin County to photograph, videotape, and/or interview me. I authorize Meals on Wheels Collin County to use these photographs, videos, and/or interviews for promotional and fund raising campaigns. I understand that proceeds from such events will support the programs provided by Meals on Wheels Collin County.

I give permission for my name to be used:

Yes _____ No _____

(Signature)

(Company Name)

(Date)

600 N. Tennessee Street, McKinney, TX 75070