

**YOUTH SERVICES  
VOLUNTEER SERVICES**

**Assumption of Risk, Waiver of Liability and Hold Harmless**

Community volunteers promote Youth Services' vision of community based services for troubled youth. Youth Services appreciates the important role that volunteers play by providing meaningful resources, expanding services provided by staff, and enhancing community relationships.

Persons who wish to provide volunteer services to youth in Youth Services custody are required to carefully review the following statements. Please initial each statement, then sign and date the document.

\_\_\_\_ I understand that I am subject to all Louisiana state statutes, Youth Services policies, and facility/office procedures relative to youth and Youth Services.

\_\_\_\_ I understand that the Deputy Secretary/designee may remove me from providing volunteer services at any time without advance notice. I do not have the right to appeal his decision.

\_\_\_\_ I understand that I am not an employee or agent of the State of Louisiana or of Youth Services, and have no authority to act on behalf of the state or the agency.

\_\_\_\_ I understand that I will not receive any compensation or benefits from Youth Services.

\_\_\_\_ I understand that I must be 18 years of age or older to volunteer with Youth Services.

\_\_\_\_ I understand that there are risks inherent in providing volunteer services to youth in the juvenile justice system, and that I may suffer physical injury, sickness or death, or damage to my property. While volunteering there is the possibility of youth displaying unpredictable, and potentially violent behavior. I freely and voluntarily accept and assume all risks, dangers, and hazards.

\_\_\_\_ I understand that Youth Services does not carry any medical, accident, automobile, or injury insurance coverage for my benefit. I understand that it is my responsibility to ensure that I have adequate automobile, medical, dental, and/or accident coverage.

\_\_\_\_ I further understand that Youth Services does not provide insurance or coverage for any vehicle I might drive or occupy as a passenger while performing volunteer services. I understand that it is my responsibility to insure that I have adequate automobile insurance for any vehicle I operate while volunteering.

**B.8.3 (b)**

\_\_\_\_\_ I understand and agree to adhere to confidentiality requirements as provided in La. Ch. C. Art. 412 and LSA-RS 15:574.12, to prevent the unauthorized use or disclosure of names, identities, or any information pertaining to youth in Youth Services facilities. Such confidentiality protections apply whether the information is verbal or written.

\_\_\_\_\_ I understand that Youth Services has a drug-free work policy. The use of illegal and non-prescription drugs, alcohol, inhalants and unauthorized use of prescription drugs is not allowed. Any volunteer who reports to a Youth Services office or facility under the influence of drugs or alcohol or is in possession of drugs or alcohol on Youth Services grounds shall be immediately terminated as a volunteer.

\_\_\_\_\_ In consideration for being allowed to participate as a volunteer with Youth Services, I assume all risk of personal injury or death and property damage or loss from whatever causes while I am participating in the program. This includes injuries, death, or damage while I am on Youth Services' property. I release Youth Services, its officers, employees, agents, and servants from such liability thereof.

\_\_\_\_\_ As further consideration for being allowed to participate as a volunteer, I will indemnify and hold harmless, Youth Services, its officers, employees and agents, for any personal injury or death and property damages or loss to others for which my actions were a proximate cause while I am participating as a volunteer.

**This document is effective for the period that I will be participating as a volunteer with Youth Services. I understand that this document cannot be modified except in writing by Youth Services. This agreement shall be effective and binding upon my heirs, executors, administrators and assigns.**

**I have read this document carefully and fully understand and acknowledge my responsibilities and the effect of this liability waiver and all other pertinent provisions.**

**Name:** \_\_\_\_\_ **Witness' Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Witness' Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_