

Respite Care of San Antonio, Inc. Release of Liability



I. Background Information

Date: _____

Name: _____ DOB: ____ / ____ / ____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Emergency Contact: _____ Number: _____

II. Organization and Population

Respite Care of San Antonio, Inc. (RCSA) was founded in 1987 and provides services to families caring for children with intellectual or developmental disabilities. Children served may also have been exposed to abuse, neglect and socially inadequate care or nurturing. We ask that volunteers are sensitive to the broad special needs that may impact our children.

Volunteers must immediately report any suspected incident of abuse, neglect, or exploitation to the Texas Abuse and Neglect Hotline and the operation's administrator or administrator's designee.

Our staff is highly trained to work with children who have experienced trauma. We do not focus on behaviors, but rather understanding triggers and the underlying reason(s) for a child who is not doing well. We understand that children want to do well, and it is our role to help them navigate the difficulties of healing from trauma. If you have questions, please ask an RCSA staff member.

III. Photos

Volunteers are NOT permitted to photograph children in care.

Exceptions may be granted by persons aware of children who have photograph releases. If you have questions, please check with the Volunteer Coordinator or a member of the RCSA team.

IV. Release of Liability

As a volunteer in the service of an at-risk population, I understand that there are certain risks to my person and/or property that may be incurred while working with clients of Respite Care of San Antonio (RCSA). These risks include, but are not limited to: personal injury, loss or damage to personal property, and exposure to language or behavior that may be personally offensive. Additionally, I understand that RCSA staff, and only RCSA staff, are trained in personal restraint techniques that might be necessary to implement to ensure the health, welfare, safety, and security of the child and/or children in our care.

By my signature, I attest that I agree to all the stipulations set forth in this *Release of Liability* form regarding client confidentiality, client photography, etc. I will provide general supervision, but not be personally responsible for the direct supervision of clients during the initial activity and any subsequent activity. Furthermore, I will treat each client with dignity, regardless of disability or behavior.

I attest by signing below that I am free of communicable disease and have no criminal history that would prevent me from contact with children. **A criminal background check and documentation of a negative Tuberculosis screening may be collected in the event you decide to volunteer on a recurring basis (i.e. 3 or more visits a month). All results will remain at RCSA in a confidential file.**

Volunteers are subject to approval by the Volunteer Coordinator as stated above. Signature attests the volunteer is an appropriate match for RCSA.

Volunteer's Signature: _____ Date: _____

Parental Signature: _____ Date: _____

Required for volunteers under the age of 18

RCSA Signature: _____ Date: _____