



I understand that the Massachusetts Down Syndrome Congress (MDSC) may conduct a record check for conviction information concerning this application at any time through the Criminal History Systems Board;

The information I have provided may be verified, and I give permission for the MDSC to make inquiry of others concerning my application to act as a MDSC volunteer, and I fully release the MDSC from any liability resulting from the verification process;

I also hereby release MDSC, its agents and representatives from any liability and responsibility that may arise in connection with my volunteer duties or otherwise. I also agree to indemnify and hold the MDSC, its agents and representatives harmless from any liability, claim or expense (including attorney fees) arising out of or related in any way to my volunteer duties or otherwise.

I understand that I am responsible for informing MDSC of any changes regarding the application information;

I understand that the MDSC specifically has my permission (both during participation and anytime thereafter) to use my likeness, name, voice, and words in television, radio, film, newspaper, magazines, and any other media, and in any form, for the purpose of advertising or communication the purposes and activities of the MDSC and/or applying funds to support those purposes and activities. I understand that I will not receive compensation for any such use;

I understand that if a medical emergency should arise during my participation in any MDSC activity and I am not able to give my consent for treatment for any reason, that the MDSC is authorized to take whatever measures are necessary to protect my health and well-being, including hospitalization;

I understand that in a medical situation I am to follow the advice of the Medical Director and failure to do so may result in action including but not limited to, my dismissal from the activity;

I understand that the MDSC reserves the right, in its sole judgment, to deny an applicant who it determines poses a potential threat to the safety or integrity of themselves or others.

If driving is involved in my volunteer duties, I hereby acknowledge that I have a current driver's license and automobile liability insurance. If requested by a representative of the MDSC, I shall promptly provide a true, correct and current copy of each of them to her or him.

I agree that I will fully comply with the following:

- I shall provide an environment that is free from physical, psychological, written or verbal intimidation or harassment.
- I will not physically, sexually, or emotionally abuse or neglect a minor or an adult.
- I will report any suspected abuse or neglect of an MDSC participant to the Executive Director or other MDSC staff person.
- I will protect all confidential information provided to me by MDSC, or to which I have access, whether such information is in written, electronic or oral form, and I shall not disclose it to any other party without the prior written consent of a MDSC

representative. I understand and agree that MDSC shall make the sole determination of what information is confidential. I also understand and agree that I shall not make copies of any MDSC confidential information in written or electronic form, and I shall promptly return the same when I cease my volunteer duties, or upon the request of a MDSC representative.

I affirm that I have read the above and that the information I have given is true, complete, and correct. I understand that omitting information or reporting information that is false may result in my immediate disqualification from participating in MDSC activities. I also understand and agree that the representations and agreements provided above shall survive the termination of my volunteer services.