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## FRIENDS AT HOME PARTICIPANT'S COMMITMENT TO EVERYONE'S SAFETY AND WELL-BEING

Ariella's New York Friendship Circle provides very special and unique opportunities for volunteers, special friends and their families to enrich the lives of each other. In doing so, most participants will encounter new and sometimes challenging situations. Thus, it is imperative to set expectations at the beginning so everyone will understand what they can expect. Therefore, participants, and their families each certify and agree by initialing next to each box and signing below that:

\_\_\_\_  They understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct;

\_\_\_\_  They understand that participation in Ariella's NY Friendship Circle activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding.

\_\_\_\_  Parents have carefully considered the risks involved and give consent for their child to participate in this activity, if any participant is over 18 they, or their legal guardian on their behalf, agree to participate in this activity.

\_\_\_\_  They do not use or possess any illegal drug, alcohol or controlled substances at any time, including at Ariella's NY Friendship Circle events or programs, including Friends at Home;

\_\_\_\_  They will not have or use any alcohol or tobacco products at Ariella's Friendship Circle events or programs, including Friends at Home;

\_\_\_\_  They will not bring any weapons, firearms or other dangerous items to any Ariella's NY Friendship Circle event or program, including Friends at Home;

\_\_\_\_  They do not have any unsecured firearms in a home which hosts a Friends at Home program, nor will they bring any into any Ariella's NY Friendship Circle event or program including Friends at Home;

\_\_\_\_  They have not been convicted of a crime, other than a minor traffic violation, nor do they have any individual that has been convicted of a crime, other than a minor traffic violation, living at or visiting a home that hosts a Friends at Home program.

\_\_\_\_  They do not themselves have a history of violence or abuse of any kind; nor do they have any individual that has a history of violence or abuse of any kind, living at or visiting a home that hosts a Friends at Home program;

\_\_\_\_  They agree to a background check of all occupants of the homes used by all parties involved in the Friends at Home program. By signing at the bottom of this document, all parties agree to provide the full name, complete address, and full date of birth of all occupants of these households who are over the age of 18. This includes volunteers, participants, and all other residents of any home used in the Friends at Home program.

\_\_\_\_  They acknowledge the risk of injury from the activities involved in Ariella's NY Friendship Circle events or programs and knowingly and freely assume all such risks for themselves and their child;

\_\_\_\_  They will not participate in, nor allow their child to participate in, any activity, including Friends at Home, that they believe they and/or their child cannot perform in accordance with Ariella's NY Friendship Circles activities' instructions or in a safe manner;

\_\_\_\_  If they observe any significant hazard during their participation in any event, including Friends at Home, they will stop participating in the event and inform Ariella's NY Friendship Circle representatives of such hazard immediately;

\_\_\_\_  They agree the Friends at Home Program is meant to take place inside the home of the child requesting a friend. Any activities that do not take place inside that child's home must be done with all parents'/guardians' consents, and all liability for any injury or damage that occurs outside the home is the direct responsibility of the parents/guardians involved. This includes community outings, walks around the neighborhood, visits to volunteer's homes, or to homes of other people.

\_\_\_\_  They agree At NO TIME may a Volunteer and their special friend be left alone, an adult must be present, in the room, at all times, even in the community. At no time shall a volunteer ever be responsible for their special friend's safety or wellbeing.

\_\_\_\_  They agree no participants shall ever be transported in any vehicle driven by a volunteer during the Friends at Home Program. If the parents/legal guardians of all concerned agree to transport anyone involved in the Friend's at Home Program in a vehicle of any kind, they do so at their own risk and assume all responsibility and liability for such trips.

\_\_\_\_  In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose, to the adult in charge, examination findings, test results, and treatment provided for purposes of medical evaluation of the

participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

\_\_\_\_  They acknowledge that Ariella's NY Friendship Circle is an independently owned, operated and controlled local corporation.

\_\_\_\_  They release Ariella's NY Friendship Circle, the directors, board, officers, activity coordinators, and all employees, volunteers, related parties, and other organizations, including the Chai Center and their board, directors, staff, and volunteers, associated with the activity from any and all claims or liability arising out of this participation;

\_\_\_\_  They agree Ariella's NY Friendship Circle, The Chai Center, and their respective employees and representatives are not responsible for any damages to personal property or personal injury which may occur during a Friends at Home visit or at any activity during or outside of Ariella's NY Friendship Circle sponsored events;

\_\_\_\_ By signing below I certify that I have read this entire document and I understand and agree to all of the above rules, regulations and stipulations. I also stipulate if my child has another parent or guardian who has rights regarding my child, that I have the right to sign this document on their behalf. If I do not have that right I understand they must sign this document and the release below before we can begin participation in the Friends at Home program.

Friend's Name \_\_\_\_\_ -  
(Please Print)

Friend's Signature if over 18 \_\_\_\_\_ Date \_\_\_\_\_

Friend's Parent/ Guardian's Name: \_\_\_\_\_  
(Please Print)

Friend's Parent/ Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Friend's Parent/ Guardian's Name: \_\_\_\_\_  
(Please Print)

Friend's Parent/ Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Name, Address, and Complete Date of birth of everyone over the age of 18 living in the household for the purposes of a background check must be provided below.

By signing below I agree to allow Ariella's NY Friendship Circle to perform or obtain a background check, which will include, but is not limited to, a check on all criminal convictions and all complaints and convictions which involve violence or abuse of any kind.

1. Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
First, Middle, Last (Please Print)

Addresses \_\_\_\_\_  
Street Address State Zip code

Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
First, Middle, Last (Please Print)

Addresses \_\_\_\_\_  
Street Address State Zip code

Signature \_\_\_\_\_ Date \_\_\_\_\_

3. Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
First, Middle, Last (Please Print)

Addresses \_\_\_\_\_  
Street Address State Zip code

Signature \_\_\_\_\_ Date \_\_\_\_\_

4. Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
First, Middle, Last (Please Print)

Addresses \_\_\_\_\_  
Street Address State Zip code

Signature \_\_\_\_\_ Date \_\_\_\_\_

5. Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
First, Middle, Last (Please Print)

Addresses \_\_\_\_\_  
Street Address State Zip code

Signature \_\_\_\_\_ Date \_\_\_\_\_