

ASIAN HEALTH & SERVICE CENTER



Portland Office:
9035 SE Foster RD.
Portland, OR 97266
Phone: (503) 872-8822
Fax: (503) 872-8825

Beaverton Plaza Office:
3800 SW Cedar Hills Suite 196
Beaverton, OR 97005
Phone: (503) 772-5880
Fax: (503) 872-8825

Volunteer Waiver and Confidentiality Agreement

The Asian Health & Service Center (AHSC) is a nonprofit, 501(c)(3) organization that has served the Portland metropolitan area since 1983. AHSC's mission is to bridge the gap between Asian and American cultures in an effort to build a better community. The center's vision is to reduce health disparities and increase access to high-quality health care for all Asians. Toward this end, the center provides an array of high-quality and culturally and linguistically relevant care to Asians, including outpatient mental health services, disease education and management, cancer prevention and screening, immunization and education, and senior programming.

I, _____, have requested that Asian Health & Service Center (AHSC) allow me to volunteer my time to assist the organization. I acknowledge that this volunteer relationship is primarily for my benefit and I enter into it because I derive satisfaction out of donating my time. I am committed to providing assistance on a volunteer basis and do not expect to be paid for my time.

Specifically, I agree that:

1. **Confidentiality.** I understand and acknowledge that during my volunteer service with AHSC, I will have access to Confidential Information not generally known to the public. I agree that during my volunteer service with AHSC and at all times thereafter, I will hold AHSC's Confidential Information in strict confidence, and will not disclose or use such information outside the scope of my volunteer service with AHSC.

For purposes of this Agreement, "Confidential Information" includes, but is not limited to, all data, materials, knowledge and information generated through, originating from, or having to with AHSC or persons associated with our activities. This also includes, but is not limited to, any information of, or relating to, our staff, clients, volunteers, projects, operations and activities.

Client information, including all file information, is not to be disclosed to any third party without AHSC's prior authorization.

I further agree and understand that I will immediately return all AHSC Confidential Information at the end of volunteer service, or whenever requested by AHSC.

2. **No Employment Relationship.** I acknowledge that I have no employment relationship with AHSC and do not expect to receive any offer of employment as a result of my volunteer activities; and

3. **No Entitlement to Compensation.** I understand that I am not entitled to any compensation or benefits in exchange for the time that I donate to AHSC, and I have no desire to receive compensation or benefits from AHSC; and

My signature signifies I agree to these terms and will abide by all of the above.

Signature of Volunteer

Date

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PHOTO/VIDEO CONSENT FORM

I hereby consent and authorize the Asian Health & Service Center (AHSC) permission to take and use my photograph/video for any and all purposes in promoting AHSC services and operations, including but not limited to publications, displays, newsletters, grant requests, and web sites. In no place will I be identified by name unless I so authorize below.

I understand that I will not be compensated for the permission that I am granting here. I further understand that this consent is completely voluntary and may be revoked at any time by giving written notice to AHSC at either of its offices.

By signing this, I have read and understood this consent form and I am over 18 years of age. (If under 18, a parent/ guardian's signature is required.)

Date: ___/___/_____

Printed Name: _____

Signature: _____
(If under 18, this form must be signed by a parent or a guardian.)

With my initials, I authorize AHSC to use my name in associate with my image.