



CARE RECEIVER RELEASE WAIVER AND ACKNOWLEDGEMENTS

The Center will assist me with their scope of services when volunteers are available.

I understand and acknowledge the following:

- Volunteers are “neighbors acting in good faith” in response to my requests for the specific assistance listed above. A Volunteer may discontinue service at any time and services may end if my needs exceed the capacity of the Department on Aging to assist me.
- Due to NC licensing and regulations, volunteers cannot perform any personal care such as bathing, dressing, or toileting assistance, nor can they assist in handling or counting out medication.
- Volunteers cannot bear weight by transferring or lifting me from wheelchairs, beds, or cars.
- Volunteers do not provide any care or counseling that requires a license or professional training.
- Volunteers do not provide financial advice, legal advice, spiritual witnessing, or professional referrals.
- The Department on Aging’s goal is to help older adults age in place by helping to provide access to specialized supports and services.

I will contact the Community Transportation - Program Coordinator at least 5 days in advance with all requests for assistance, unless I see my volunteer on a regular schedule.

Program Coordinator: Eileen Nilsen

Tel. (919)717-1853

I understand that any personal information I have provided in my contacts with Orange County’s Department on Aging will be kept confidential. I understand that in order to make referrals for additional services outside of Department on Aging, my information may need to be shared.

In the event of an emergency during a volunteer assignment, I authorize the volunteer to call 911 on my behalf. This authorization does not bind Orange County or the volunteer to take any specific action.

CARE RECEIVER RELEASE WAIVER AND ACKNOWLEDGEMENT – CONT.

I understand that I will either post in my home (or bring with me when leaving the home) a list of my current medications and the name and phone number of my **Emergency Contact Person**.

I hereby release and forever discharge and hold harmless Orange County and any of its directors, officers, employees, agents, assigns, volunteers and/or other persons acting on its behalf, together with their successors and assigns, from all liability, injuries, claims, demands, costs, expenses, damages, actions or causes of action, of whatever kind of nature, either in law or equity, which arise or may hereafter arise from any acts or omissions of the Orange County or its volunteers during the provision of services, so long as:

- (1) the volunteer was acting in good faith;
- (2) the services rendered were reasonable under the circumstances, and;
- (3) the volunteer's actions or omissions do not amount to gross negligence, wanton conduct, or intentional wrongdoing (in the case of gross negligence, wanton conduct, or intentional wrongdoing on the part of a volunteer I release and forever discharge and hold harmless Orange County and any of its directors, officers, employees, agents, and assigns).

I further acknowledge and agree that in case of an automobile incident that occurs during the provision of services, my recovery, if the volunteer is found responsible shall be no greater than the maximum limits of any applicable insurance policies maintained by the volunteer and that I shall have no claim or cause of action against Orange County.

CARE RECEIVER Signature: _____ Date: _____

Legal Guardian Signature: _____

Orange County - Department on Aging Signature: _____