



## CARE RECEIVER 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 or 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

### CARE RECEIVER WAIVER AND ACKNOWLEDGEMENTS – CONT.

I understand that any personal information I have provided in my contacts with the Orange County - 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.**

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 the Orange County Department on Aging and any of its directors, officers, employees, agents, volunteers and/or other persons acting on its behalf, together with their successors and assigns, from all liability, 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 Department on Aging or its volunteers during the provision of services , so long as (1) the volunteer was acting in good faith and the services rendered were reasonable under the circumstances, and (2) the volunteer's actions or omissions do not amount to gross negligence, wanton conduct, or intentional wrongdoing. I further acknowledge and agree that in case of an automobile incident that occurs during the provision of services, my recovery if the volunteer and/or the Orange County Department on Aging are found responsible shall be no greater than the maximum limits of any applicable insurance policies maintained by the volunteer and the Orange County Department on Aging.

CARE RECEIVER Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_

Orange County - Department on Aging Signature: \_\_\_\_\_

*Please print, sign and return to Eileen Nilsen: 2551 Homestead Rd., Chapel Hill, NC, 27278, or email: enilsen@orangecountync.gov*