Health, Safety and Regulations Contract

Pablove Shutterbugs’ volunteer team provides needed services through our mission to improve the quality of life of children living with cancer by providing free lessons in photography. We have a set of standards in order to maintain a safe and healthy environment for all of Pablove Shutterbugs’ families, volunteers and community partners. Please acknowledge your understanding and agreement to each below.

<table>
<thead>
<tr>
<th>Initials</th>
<th>I understand that at no time should I be alone with any student without a staff member or other adult 18 years or older present.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initials</td>
<td>I understand that at no time should I transport a Pablove Shutterbugs student in my own vehicle.</td>
</tr>
<tr>
<td>Initials</td>
<td>I understand that at no time can I photograph, film, or record any of the students, parents, families of students of the program, Pablove Foundation employees or volunteers. The assigned volunteer photographer/ videographer is exempted from this rule.</td>
</tr>
<tr>
<td>Initials</td>
<td>I understand that I am expected to treat the students, photographers, and other members of the lesson with mutual respect and consideration.</td>
</tr>
<tr>
<td>Initials</td>
<td>I understand that during any Pablove activity, the use or possession of alcoholic beverages, cigarettes, drugs, or sexual activity by participants is not allowed.</td>
</tr>
<tr>
<td>Initials</td>
<td>I understand that if I fall sick in any way or feel like I am coming down with a cold at any time, I will notify Pablove Shutterbugs immediately to arrange placement or to reschedule, as our students’ immune systems should never be compromised.</td>
</tr>
<tr>
<td>Initials</td>
<td>I understand I will not post any photos taken in conjunction with the Pablove Shutterbugs program to Facebook or any other social media website without approval from The Pablove Foundation.</td>
</tr>
<tr>
<td>Initials</td>
<td>I understand that any information that I learn about a student is confidential and cannot be disclosed to anyone. There may be civil and criminal penalties for disclosure and confidential student information.</td>
</tr>
<tr>
<td>Initials</td>
<td>I understand that it is prohibited to:</td>
</tr>
<tr>
<td>Initials</td>
<td>- Reveal to anyone outside the Pablove Shutterbugs program the name and identity of a student.</td>
</tr>
<tr>
<td>Initials</td>
<td>- Write or publish any articles, papers, news stories or other written materials that will contain names of any student or information from which the names or identities of any student can be discerned. If anything is written about your volunteer work, you agree that you will submit it to the Pablove Foundation Executive Director for approval.</td>
</tr>
<tr>
<td>Initials</td>
<td>- Save student work.</td>
</tr>
<tr>
<td>Initials</td>
<td>I understand that Pablove reserves the right to terminate participation if any of these measures are not met.</td>
</tr>
</tbody>
</table>
Do you have any physical or other limitations that may affect your ability to volunteer? Yes / No
If yes, please explain:
____________________________________________________________________________________
____________________________________________________________________________________

Have you ever been convicted of a crime other than a minor traffic violation? Yes / No
A conviction will not necessarily disqualify an individual from the volunteer program. If yes, please explain:
____________________________________________________________________________________
____________________________________________________________________________________

I have read, understand and will follow all of the guidelines, restrictions and rules discussed and written by The Pablove Foundation.

I acknowledge that I am donating my time for a civic or humanitarian purpose, and that I will not be paid for any time. I understand and agree that I am a volunteer and not an employee of Pablove. Accordingly, I understand that I am not eligible for wages, benefits, workers' compensation, unemployment or other employment-related benefits.

X Volunteer Signature

Date: __________________________
Release of Liability

In consideration of ______________________ (the "Participant") being permitted to volunteer for the Pablove Shutterbugs classes, the Participant hereby waives, releases, discharges (i.e., give up), and covenants not to sue the Pablove Releasees for any Liability that may arise at any time relating to the Participant’s participation in the Pablove Shutterbugs classes. "Liability" includes all claims for damages or other remedies for death, personal injury, property damage, property theft, or other loss, whether arising out of negligence or carelessness on the part of the Pablove Releasees or otherwise. The "Pablove Releasees" are the Pablove Foundation, and its employees, directors, volunteers, any affiliated medical institutions, students or their families and any and all agents of the Pablove program.

In the event that the Participant has a medical emergency while volunteering, I authorize an agent of the Pablove Foundation to obtain emergency medical treatment as required, and release the Pablove Releasees from any Liabilities associated with such medical treatment.

The Participant is of sufficient health to participate in the Pablove Shutterbugs classes and that there are no medical restrictions that would prevent or limit the Participant’s participation.

X Volunteer Signature __________________________________________

Date: __________________________________________

Confidentiality – Information Related to the Participants

I, ______________________, have requested to be a volunteer for the Pablove Shutterbugs program. I understand that as a volunteer I may have access to or acquire sensitive and/or confidential information about the student(s) and I will be teaching, including, but not limited to, the student’s medical diagnosis, prognosis, or medical history, the student’s financial situation, family care or custody situation and resources.

I understand and agree that any sensitive or confidential information that I learn about a student cannot be disclosed to anyone (with the limited exceptions of authorized Pablove personnel, on a need-to-know basis). I understand there may be possible civil and criminal liability for disclosure of sensitive or confidential student information.

I agree that I will not:
· Reveal to anyone outside Pablove the name or identity of a student, or the student’s sensitive or confidential information.
· Repeat to anyone any statement or communications made by or about the student that concerns the student’s sensitive or confidential information.
· Write or publish any articles, papers, news stories or other written materials that will contain names of any student or information from which the names or identities of any student can be discerned. If anything is written about my volunteer work, I agree that I will submit it to The Pablove Foundation for approval.
· Photograph, film, videotape or record any student, parent, family member, teacher, employee or volunteer of The Pablove Foundation. The assigned volunteer photographer/ videographer is exempted from this rule.

I understand that the families of students and Pablove will entrust me with confidential and sensitive information, which I will respect and honor.

X Volunteer Signature __________________________________________

Date: __________________________________________
Confidentiality – Information Related to Pablove

During the course of your volunteerism, I may come into possession, acquire, or gain knowledge, of information about The Pablove Foundation, Pablove Shutterbugs, its employees, constituents, suppliers, vendors, donors, and/or projects that is confidential. Confidential information includes but is not limited to curricular materials, student information, donor information, and programming partnership details. Confidential Information does not include information that is generally available to and known by the public, provided that such disclosure to the public is through no direct or indirect fault of your own.

I hereby agree: (i) to treat all Confidential Information as strictly confidential; (ii) not to directly or indirectly disclose, publish, communicate or make available Confidential Information, except on a need-to-know basis to authorized individuals within The Pablove Foundation; and (iii) not to access or use any Confidential Information, and not to copy any documents, records, files, media or other resources containing any Confidential Information, or remove any such items from the premises or control of the Pablove, except as required in the performance of my authorized volunteer duties for Pablove. Nothing herein shall be construed to prevent disclosure of Confidential Information as may be required by applicable law or regulation, or pursuant to the valid order of a court of competent jurisdiction or an authorized government agency.

Confidential information may be divulged only to individuals within The Pablove Foundation, when those individuals have a need and/or are authorized to receive such Confidential Information. If you are in doubt as to whether any information is confidential or should be divulged, you should err in favor of not divulging the information until you have had an opportunity to discuss the matter with a Pablove staff member.

Confidential Information obtained during or as a result of your volunteerism with Pablove Shutterbugs may not be used by you for the purpose of furthering current or future outside employment or activities or for obtaining personal gain or profit.

Your obligation to preserve the confidential nature of any Confidential Information shall survive your separation from The Pablove Foundation and Pablove Shutterbugs and continue indefinitely.

Your signature below shall serve as your acknowledgment and acceptance of the foregoing.

X Volunteer Signature

___________________________________

Date: _______________________________
Media Consent Form and Release

I, __________________________, hereby irrevocably and perpetually grant to The Pablove Foundation ("Pablove") the right to use my image, voice and likeness (collectively, “Contributions”) for all unrestricted purposes as Pablove may see fit, including fundraising activities. I further understand and agree that Pablove shall own all rights to any photographs, recordings, films, books, pamphlets, brochures and other written media or materials based in whole or in-part on my Contributions.

I hereby waive any right that I may have to inspect and/or approve the finished product or products or the editorial, advertising, or printed copy that may be used in connection therewith and any right that I may have to control the use to which said product, products and/or copy may be applied. I understand that I will not receive any compensation for any publication or broadcast of these materials. I understand that this agreement does not obligate Pablove Foundation Inc. to use any or all images of me and/or statements made by me that are generated in connection with this agreement.

I hereby release, discharge and agree to save Pablove Foundation Inc. and their legal representatives and assigns from any liability by virtue of any blurring, distortion, alteration, optical illusion or use in composite form, whether intentional or otherwise, that may occur or be produced in the making, processing, duplication, projecting or displaying of said picture or images, and from liability for violation of any personal or proprietary right that I may have in conjunction with said pictures or images and with the use thereof. I certify that I am over the age of 18 and sign this release for myself.

X Volunteer Signature
(if Volunteer is 18 or older)

___________________________________

Date: ______________________________

X Parent or Guardian Signature
(if Volunteer is under 18 years)

___________________________________

Date: ______________________________
Volunteer Background Check Authorization

The Pablove Foundation will be conducting a criminal background check on you. The following states your rights under your state and Federal law.

Personal and Identifying Information

(With the exception of felony information, the information below is for identification purposes and will not be used for employment screening purposes.)

Name: ________________________________________________________________

Other names by which you have been known or used? ________________________

Social Security Number: _________________________________________________

Date of birth ___________________________ City of birth ___________________________

Driver’s License Number: ___________________________ State: ______________________

Present address: (number, street): __________________________________________

City, State, ZIP code: _____________________________________________________

Have you ever been convicted of a felony? _________ If yes please explain:
________________________________________________________________________
________________________________________________________________________

Disclosures Regarding Scope of Background Check

The Pablove Foundation ("Pablove") intends to obtain information about you for employment or volunteering purposes from a consumer reporting agency. Thus, you can expect to be the subject of “investigative consumer reports” and “consumer credit reports” obtained for employment or volunteering purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency (“ICRA”), Pablove may investigate the information contained in your employment or volunteering application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you.

The source of any background check reports will be The Pablove Foundation, 6607 W. Sunset Blvd, Los Angeles, CA 90028.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report and a copy of any report about you.
All Applicants –
Summary of Your Rights under the Federal Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.