

**Member: READ and INITIAL EACH SECTION.
SIGN YOUR NAME and DATE the form AT THE BOTTOM.**

CONFIDENTIALITY AGREEMENT

I understand that in the performance of my duties as an AmeriCorps member with the Appalachia CARES program, that for the protection of all, I agree to hold confidential any and all information related to youth I may be working with, with the exception of any admission of abuse. I also agree to hold confidential any and all information related to community members, staff, directors, board members, host agencies, and community-based organizations in general that I might be privilege to in my role as an AmeriCorps member.

I have read and understand this agreement: _____

MEDIA RELEASE/PERMISSION

I grant permission for the Appalachia CARES program to utilize photographs (still or motion) for media release (newspaper, television, online social media, newsletters, printed material) that benefits AmeriCorps or the Appalachia CARES program. I hereby waive all claims for compensation for such use. I waive any right that I may have to inspect or approve the finished product or the copy that may be used in connection with the use of such photographs.

I have read this policy and give my permission/release: _____

DRUG-FREE WORKPLACE POLICY

AmeriCorps, the Appalachia CARES program, and the service sites are drug-free workplaces. The unlawful manufacture, distribution, dispensing, possession, or the use of a controlled substance is prohibited in the workplace, and the appropriate action will be taken for violations of such prohibition. The *Appalachia CARES Member Handbook* states, “at no time may the member possess or use any and all forms of addictive or hallucinatory drugs, including but not limited to amphetamines, barbiturates, cocaine, marijuana, etc.”

I have read and understand this policy & received a copy of this policy: _____

SMOKING / TOBACCO POLICY

As a part of the Appalachia CARES program’s commitment to the promotion of good health and the prevention of disease, service Members are prohibited from using tobacco products, E-cigarettes, and other vapor smoking devices while accruing service hours; while wearing AmeriCorps insignia; or, while representing Appalachia CARES, AmeriCorps, Clinch-Powell RC&D Council, Inc. or the service site in official capacity. There will be no smoking by anyone in any facility or vehicle where Appalachia CARES business is being conducted. Smoking will not be allowed at any time in the presence of youth.

I have read and understand this policy: _____

By signing below, the member agrees that he/she has read and understands the above policies. The member also agrees that he/she has received a copy of the policies.

AmeriCorps Member Signature: _____

Date: _____