

**CONNECTICUT DEPARTMENT OF VETERANS AFFAIRS *STAND DOWN***  
**VOLUNTEER HOLD HARMLESS AGREEMENT AND WARRANTIES**

I, \_\_\_\_\_ am volunteering with the Connecticut Department of Veterans Affairs (DVA) to provide volunteer services at Stand Down \_\_\_\_\_ (insert year) at the following location: \_\_\_\_\_. **I will be providing various volunteer duties such as traffic flow and control, assistance to attendees, distributing personal needs items and various other duties necessary to assist Veterans attending the event.**

I represent that I have no record of criminal conduct involving violence or harm to other persons, larceny or sale or distribution of illegal drugs.

I, agree for myself, my executor, administrators, heirs, devisees, and assigns do hereby discharge the Connecticut Department of Veterans Affairs (DVA) and the State of Connecticut (State) its respective employees, staff, representatives, and agents from any and all claims of injury, death, or damages whatsoever in any matter arising from or growing out of my participation in the volunteer services to the DVA.

I further agree for myself, my executor, administrators, heirs, devisees and assigns to indemnify, defend and hold harmless the DVA, the State of Connecticut, its respective employees, staff, representatives and agents, from any and all claims, damages, liabilities, costs and expenses including without limitation, reasonable attorney's fees, arising from or grow out of my participation in the volunteer services to the DVA, or caused by my negligent acts or omissions while on or off the DVA's Campus while I am participating in the volunteer services to the DVA.

I agree for myself, my executor, administrators, heirs, devisees and assigns that I will not hold the DVA or the State of Connecticut, its respective employees, staff, representatives, and agents responsible for any claims or injuries caused by any DVA Veteran Resident or Patient that may arise from or grow out of my participation in volunteer services to the DVA.

I understand and acknowledge that at no time, except as necessary in the official performance of my volunteer duties, shall I disclose any protected health information of DVA Veteran Residents or Patients, as defined by the HIPAA Privacy Rule (42 C.F.R. Parts 160 and 164) of the Health Insurance Portability and Accountability Act of 1996, as amended. I further understand and acknowledge that at no time, except as necessary in the official performance of my volunteer duties, shall I disclose any financial, personally identifying, or other sensitive information of DVA Veteran Residents or Patients.

I agree to abide by all regulations, rules, and policies of the DVA including, but not limited to, the prohibition on the possession or consumption of alcohol, illegal drugs and possession of any firearms or dangerous weapons.

I acknowledge that in providing these voluntary services, I am not an employee or contractor of the DVA or the State of Connecticut and acknowledge that I am not entitled to any benefit or protections afforded state employees or contractors and that I will only accept remuneration in the form of voluntary gratuities.

**Volunteer:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Please provide organization name (if applicable): \_\_\_\_\_