



Confidentiality and Likeness Agreement

Thank you for being a part of Assist ME's mission to enhance lives through mobility – TOGETHER!

PERSONAL INFORMATION

Name: _____

Mailing Address: _____

Email Address: _____

Home Number: _____ Mobile Number: _____

Preferred Method of Phone Contact: () Mobile () Home () Text

CONSENT AND RELEASE FOR USE OF LIKENESS & DATA

Assist ME uses images, videos and personal stories and testimonials to humanize and promote our mission.

I, (Print Full Name) _____, grant Assist M.E./Assist ME (Organization) permission to use my likeness/voice in materials, without compensation. I authorize the organization to edit and publish these materials, which become their property. I waive the right to inspect finished products and release the organization from liability upon request prior to release.

Data Privacy: We will never share your contact information in our marketing materials!

If personal information accompanies my image, it will be handled per the organization's privacy policy and may be shared on social platforms. An option to revoke permission for future use is included.

() Please use my story, but not my real name () I give express permission to use my name to validate a story

CONFIDENTIALITY AGREEMENT

By signing below, you agree in good faith to uphold Assist ME bylaws and represent Assist ME with thoughtful and compassionate intention to extend our mission of empowering lives with mobility in the communities we serve; commit to specific responsibilities like attending meetings, making and/or obtaining financial contributions, participating in fundraising, and possibly serving on committees or the board. You also agree to maintain confidentiality and HPPA regulations, particularly of patient, donor and financial data, and to act in the best interest of the organization.

In addition to the above being truthful to the best of my knowledge, I agree to indemnify and hold harmless Assist ME for any and all claims arising out of my participation in the Volunteer Activities.

Printed Name: _____ Date: _____

Signature: _____

Please complete and return by email to Governance@assistmenc.com. Thank you!