VOLUNTEER AGREEMENT

Volunteer Name:					
Address:			[street]	[city, state, zip code]	
Phone: [ho		[home]	[cell] Ema	il:	
Location: City:					
Activity:			Date(s) of Activity:		
1.	I wish	to participate as a volunteer i	n the activity describ	ed above. (Check the applicable category below).	
		I am not an employee of the Location. I understand and agree that I will not be paid for my volunteer service. I have not been promised and do not expect any compensation in any form.			
	p	rovide service hours to the sc	hool. I understand an	ed at the school. I understand that I am expected to d agree that I will not be paid for my service hours and any other kind of compensation for my services.	
	0	r direction from the Location	n. My volunteer serv	pate in this activity; this is not a result of any suggestion ice is not related to the work I ordinarily do for the not entitled to any other kind of compensation.	
2.	I understand that I can be reimbursed for reasonable expenses I may have in carrying out my volunteer activity, provided that those expenses have been approved ahead of time by the person in charge of the activity.				
3.	I agree that I shall act only at the direction of the person in charge of the activity in which I participate, and that my duties and responsibilities are limited to those duties and responsibilities that I am given by the person in charge and agree to perform. Except if I am given permission by the person in charge, I may not represent to anyone that I am acting on behalf of the Location or that I represent the Location. I acknowledge that I am not authorized to sign any contracts for the Location or its activities.				
4.	I understand that the volunteer activity may involve physical activity such as:				
5.	I am physically and mentally able to perform the volunteer activity. If I have any limitations, I promise to inform the person in charge. I agree to assume any risks that may arise from my participation in the volunteer activity. I understand and agree that if I am injured, I am not covered by workers' compensation insurance.				
6.	I agree to abide by the policies and procedures of the Archdiocese and the Location in order to provide a caring safe, educational, and charitable environment for all who give and receive services. When required by my service, I will comply with specific Safe Environment policies of the Archdiocese which include but are not limited to fingerprinting, background checks, and training. I will keep confidential any personal, private information I may acquire, especially information about students, families and Location personnel.				
7.	service	I agree that my work and I may be photographed, filmed, taped or recorded while performing my voluntees service for use by the Location. I understand and agree that I will not be paid or receive any other kind of compensation for the reproduction of my image, voice or work.			
I have received, read and understood this Volunteer Agreement. If I have any questions about this Agreement or any of the Location policies and procedures, I will ask the person in charge.					
VOI	LUNTEE	R SIGNATURE:		DATE:	

