

VOLUNTEER AGREEMENT

Volunteer Name: _____

Address: _____ [street] _____ [city, state, zip code]

Phone: _____ [home] _____ [cell] Email: _____

Location: _____ City: _____

Activity: _____ Date(s) of Activity: _____

1. I wish to participate as a volunteer in the activity described 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.
 - I am a parent/guardian of a student who is enrolled at the school. I understand that I am expected to provide service hours to the school. I understand and agree that I will not be paid for my service hours and that I have not been promised and am not entitled to any other kind of compensation for my services.
 - I am an employee of the Location. I choose to participate in this activity; this is not a result of any suggestion or direction from the Location. My volunteer service is not related to the work I ordinarily do for the Location. I will not be paid for volunteering and am 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. I will keep confidential any personal, private information I may acquire, especially information about students, families and Location personnel.
7. I agree that my work and I may be photographed, filmed, taped or recorded while performing my volunteer 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.

VOLUNTEER SIGNATURE: _____ DATE: _____

