



**VOLUNTEER INFORMATION FORM & AGREEMENT**

Project Name: \_\_\_\_\_ Project Number: \_\_\_\_\_

Full Name of  
Volunteer: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Numbers: \_\_\_\_\_

Anticipated Amount of Time for Volunteer Assignment (hours, days, weeks, months): \_\_\_\_\_

Expected Start Date: \_\_\_\_\_

Will the Volunteer be Working with a Vulnerable Population (under 18, elderly, etc): \_\_\_\_ Yes \_\_\_\_ No

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By signing below, I understand and agree to the following:

- **LENGTH OF ASSIGNMENT:** Unless unforeseen circumstances occur, I will commit to volunteer with the above referenced project the anticipated amount of time indicated above. I understand that, by mutual agreement of the organization and myself, I am welcome to continue my involvement beyond that time.
- **POLICIES AND PROCEDURES:** I will at all times conduct myself in a professional manner and abide by all policies and procedures of the above referenced project. This includes giving adequate notice when I am unavailable for a shift and following the direction of supervisory staff. I understand that failure to follow the volunteer policies and procedures may result in the above referenced project ending my volunteer assignment.
- **REPORTING CONCERNS:** I will report all threats of (or actual) workplace violence, harassment of any kind, fraud or a safety issue as soon as possible to my supervisor, project leader or a Human Resources Representative of Community Partners. I understand and acknowledge that I may decline any volunteer role or position at any time if I feel such role or position presents a risk to health or safety or for any other reason.

- **MATERIALS AND TOOLS:** I understand that the materials and tools provided by the above referenced project, or developed in the course of my volunteer work, are the property of the above referenced project. Furthermore, I agree to return these tools and any remaining materials to the above referenced project at the end of my volunteer service.
- **INTELLECTUAL PROPERTY:** Any tangible or intangible property, including intellectual property such as copyrights and trademarks, whether purchased, donated, or created in connection with the Project while the volunteer assignment is in effect, will be the property of Community Partners (on behalf of the project) as the party that is legally responsible for the property.
- **CONFLICT OF INTEREST:** I understand that non-profit organizations may not provide benefits to or enrich for-profit entities. I further understand that outside of a stipend, it is a conflict of interest for me or members of my immediate family to receive benefits, or appear to receive benefits, from transactions or activities of Community Partners or of the above named project. If a situation occurs where I might have a conflict of interest, I agree to disclose this to my project leader or a Human Resources Representative of Community Partners.
- **GENERAL RELEASE:** I, for myself and my legal representatives, spouse, heirs and/or assigns, do hereby release and forever discharge and hold harmless Community Partners and its officers, directors, trustees, employees, agents, insurers and representatives, successors and assigns (hereinafter referred to as "Community Partners") from any and all liability claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my volunteer activities with the project named above. I hereby expressly and specifically assume the risk of injury or harm in all volunteer activities and release Community Partners from all liability for injury, illness, death, or property damage resulting from these activities, whether or not caused by the negligence of Community Partners. I also understands that Community Partners does not assume any responsibility for or obligation to provide financial or other assistance including but not limited to medical, health or disability insurance in the event of injury or illness.

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Print Volunteer Name

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Volunteer Signature

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Date

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Parent/Legal Guardian Signature (if volunteer is under the age of 18)

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Date

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**IMPORTANT:**

This completed form should be returned to the applicable **Project Leader** who will keep the form on file during the duration of the volunteer assignment and for a minimum of 3 years after the end of the volunteer assignment.

If the volunteer is under the age of 18 a parent or guardian **MUST** complete the separate form entitled "**Parental Waiver, Release of Liability and Assumption of Risk Acknowledgement**".