

WHITEFOORD
Community Program



Building the Bridge Between Home and School

Volunteer Agreement

In consideration of the opportunity to do volunteer work with Whitefoord Community Program and other things of value, I agree to the following:

As a part of my volunteer work for Whitefoord Community Program, a nonprofit organization, I, hereby accept sole responsibility for any injury that I may incur during the time in which I am working as a volunteer for Whitefoord Community Program. I further hereby release Whitefoord Community Program, its officers and directors, employees, volunteers, and agents from any and all claims or cause of action arising from any accident or injury I may suffer during the time in which I am volunteering. I hereby attest that my attendance at and involvement with Whitefoord Community Program is voluntary, that I am participating at my own risk and that I have read the forgoing terms and conditions of this release.

I hereby confirm, represent and warrant that I have never been convicted of, charged with or am subject to possible pending charges of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith. I will also disclose all convicts and charges whether civil, criminal or traffic against me at this time.

Whitefoord Community Program requires a criminal background check for all volunteers. Please print your full name as indicated below and sign this agreement authorizing a criminal records check and your acceptance of the terms of this agreement.

_____ do hereby authorize Whitefoord Community Program or its
(Print full name)

authorized agents to search and review any criminal history and/or traffic charge record including any records of complaint, arrest, trials and/or convictions concerning myself.

I also agree to have my picture taken and give permission to Whitefoord Community Program to use my likeness in any of their print and/or video materials.

I understand that if I am working with children, Whitefoord Community Program has a right to also check my Department of Motor Vehicle records and check my personal and/or professional references.

I understand as part of my commitment that I may attend a volunteer orientation and training. I understand that anything I learn or do in relation to a client with whom I may be working is not to be divulged to anyone except a staff supervisor.

I recognize the right of Whitefoord Community Program to terminate, without notification as to the reason for termination, the services of any volunteer at any time.

Signature

Social Security #

Date

Parental permission must be obtained on those volunteers under the age of 18 years old.

I, the parent/guardian of the above named child, give my permission for this child to volunteer with Whitefoord Community Program. I have read all the above and agree to all the terms for this child.

Parent/Guardian

Date