

# VOLUNTEER AGREEMENT

**AS A VOLUNTEERS OF AMERICA DELAWARE VALLEY VOLUNTEER, I AGREE TO SERVE AND COMMIT TO THE FOLLOWING:**

1. To perform my volunteer duties to the best of my ability.
2. To adhere to Volunteers of America Delaware Valley policy and procedures, including record-keeping requirements and confidentiality of agency and client information. In particular, I affirm that all information I learn about the people Volunteers of America Delaware Valley serves (*including name, address, work or other affiliation*) is deemed to be strictly confidential. I shall not disclose any confidential information about Volunteers of America, its clients, staff and volunteers to any individual, organization or media.
3. To meet time and duty commitments, or to provide adequate notice so that alternative arrangements can be made.
4. I understand that I may be asked to complete a Volunteers of America Release of Information Form, a Background Check Form, and/or other forms as per specific program Policies & Procedures.
5. I understand that I am not permitted to drive Volunteers of America Delaware Valley vehicles, transport clients in a Volunteers of America vehicle or drive clients in my vehicle.
6. I understand that as a volunteer, I will not receive monetary payment for my services.
7. As a volunteer, I agree in advance to release Volunteers of America from any liability (e.g., injuries to person, property, theft, etc.) arising out of my volunteer service.

**For the purpose of my consideration as a volunteer, I authorize Volunteers of America Delaware Valley to verify the information stated on this application.**

\_\_\_\_\_  
**Signature** of Volunteer or Volunteer Group/Church Representative

\_\_\_\_\_  
**Date**

## **PARENT/GUARDIAN SIGNATURE FOR VOLUNTEERS UNDER AGE 18**

I have read and understand this application and I give my child permission to be a volunteer for Volunteers of America. Additionally, I give permission for Volunteers of America Delaware Valley to consent to emergency procedures in the event that I cannot be reached.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

Continued volunteer service is contingent upon fulfillment of volunteer responsibilities, maintaining professional conduct, and acceptable performance. Volunteers may be dismissed for good cause or for failure to perform.

**Mail or fax copy of both sides to Volunteer Coordinator at (856) 869-0490.**