

Private Organization Volunteer Agreement

Please Print

Name of Volunteer _____
Last 4 digits of SSN _____ Date of Birth _____

Contact Information:

Home Address: _____

E-Mail Address: _____
Home Phone: _____
Cell Phone: _____

Emergency Contact Information:

Name: _____
Relationship: _____
Phone: _____

Description of volunteer services being offered:

Anticipated Days: _____ Anticipated Hours: _____

I, _____, expressly agree that my services are being provided as a volunteer and that I will not be an employee of (Organization Name). I expressly agree that I am neither entitled to nor expect any present or future salary, wages, or other benefits for these services. I agree to bound by the laws and regulations applicable to volunteer service providers and agree to participate in any training required to perform the voluntary services that I am offering. I agree to follow all rules and procedures of the (Organization Name) that apply to voluntary services.

Signature _____ Date _____

Name of Accepting Official _____

Signature _____ Date _____

Private Organization Volunteer Service Record

Name _____ Sex: _____
Address _____ DOB: _____

Telephone Numbers: Home: _____
Work: _____
Cell: _____

Work Experiences: _____

Volunteer Experiences: _____

Special Skills, Interest, Hobbies: _____

Positions Held

Start Date	Type of Position
End Date	

Awards and Special Recognition

Date	Type of Award/Recognition
Presented At/By	

Training

Date	Type of Training	Hours Completed

Volunteer Annual Hours Record

Year
Hours

Signature _____

Date _____

Volunteer Orientation Checklist
(Required for statutory volunteers)

- Supervisor's name and position
- Volunteer Supervisor's name and position (including line of supervision)
- Mission of organization and volunteers place within the organization
- Basic rules within the organization; hours, punctuality, attendance, phone/computer use, dress, etc.
- Duties and responsibilities
- Documentation of volunteer hour
- Awards program for volunteers, etc.
- Grievance procedures
- Confidentiality issues
- Reporting an injury
- Expense reimbursement

Volunteer Name: _____

Signature: _____

Date: _____

POC Name: _____

Signature: _____

Date: _____