

Family Promise of North Idaho

VOLUNTEER AGREEMENT

FAMILY PROMISE AGREES TO:

- Provide volunteer support to assist with resources and problem solving.
- Offer quality volunteer training.
- Inform volunteers about FP events, policies and procedures.
- Provide communications through emails.
- Recognize volunteers for outstanding work.

I AS VOLUNTEER AGREE TO:

- Complete the volunteer application process.
- Fulfill volunteer duties as agreed upon.
- Participate in training and willing to acquire new skills.
- Be willing to meet with staff and/or core volunteers as needed.
- Follow policies and procedures set forth by Family Promise.
- Be a considerate volunteer following the "Dignity & Respect Code."

In addition to the above, I acknowledge and agree to honor the following policies:

- ✓ All donations to guests (monetary and/or goods) must be coordinated through the office staff. Guests are NOT permitted to request or accept donations of any kind without prior approval of the Executive Director/Case Manager.
- ✓ As a matter of safety and privacy, volunteers are NOT to share their home address, or telephone numbers with guests.
- ✓ For the safety of both volunteers and guests, volunteers are NOT to accept responsibility for children in the program. They must remain under the supervision of their parents at all times.
- ✓ For respect and privacy to the guests, volunteers are NOT to photograph guests without their written consent. This consent is required before every event you are requesting pictures.

REFERENCES :

Name: _____ Address: _____

Who are they to you? _____ Phone\Cell: _____ Email: _____

(The above listed will also be used as my emergency contact)

Name: _____ Address: _____

Who are they to you? _____ Phone\Cell: _____ Email: _____

Employer: _____ Address: _____

Supervisor Name: _____ Phone\Cell: _____ Email: _____

I AGREE to a security BACKGROUND CHECK and to have my references checked:

Complete Name: _____

Birth given name and any previous names, if applicable: _____

Address (street, city, state & zip): _____

Previous address, if above is less than 1 year: _____

Social Security # will be requested by phone by the Director. Date of Birth: _____

I AGREE and affirm that the facts set forth here are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on the Application and this Agreement may result in my immediate dismissal.

NAME (printed) _____ **Phone** _____

SIGNATURE _____ **Date** _____