

VOLUNTEER APPLICATION AND SERVICE AGREEMENT

Name _____ Telephone # _____ - _____ - _____

Address _____ Town _____ Zip _____

Are you 18 years of age or older? Circle one: YES NO

IF UNDER AGE 18, PARENT OR GUARDIAN MUST SIGN BELOW

Description of volunteer services to be performed and where:	
Date Started: _____	Day(s) Volunteered _____

Emergency Contact: _____ Phone # _____

I understand and agree that:

- If I am a participant in a charitable program to perform the volunteer services described above for The Children's Center (TCC), I will not be an employee of TCC, I will not be entitled to any compensation for my services, and I will not be entitled to any benefits from TCC.
- If I am volunteering for TCC, I will be required to comply with all regulations that might apply to anyone working at or for TCC.

I understand and agree that no particular schedule or hours of service are guaranteed for the volunteer work I will perform for TCC, that TCC may determine at any time that it no longer needs such volunteer services performed, and that I may decide at any time to end my volunteer activities for TCC. I further understand that TCC assumes no responsibility or liability for my safety or the consequences of my activities.

(Volunteer sign) Date

Volunteer's name printed

(Organization Sign) Title Date

IF YOU ARE NOT 18 YEARS OF AGE OR OLDER, YOUR PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING STATEMENT AND SIGN IT.

I have read the volunteer Service Agreement and confirm that _____
_____ has my permission to participate as a volunteer in the program as described for
The Children's Center.

Parent or Guardian Date

Organization Sign Title Date