



VOLUNTEER AGREEMENT

As a volunteer with All THAT – Teens Hopeful about Tomorrow, I understand that I will be volunteering either directly or indirectly with high school students. I also understand that compliance with ALL of the requirements below is mandatory. A copy of this completed form will be retained in a file on site.

1. The references that I listed may be contacted by phone or email.
2. I will inform an All THAT staff member or the Executive Director of any previous injuries that may affect my ability to safely complete volunteer tasks, including lifting.
3. I understand that I must carry my own health insurance. I will not hold All THAT responsible for any unforeseen injuries or problems that occur on the job.
4. I understand that I have the right to submit a grievance to the Executive Director of All THAT should I not be satisfied with the response to the needs of, the interaction with, the guidance of, or care of the students within the scope of the All THAT mission.
5. I will not abuse, neglect, exploit, coerce, manipulate, retaliate against, or deny assistance to any of the students that are in the program.
6. I understand that I am expected to report any incident, action or circumstance which I may become aware of that presents a threat, endangerment, or poses a current or future impact on students that are involved in the program. I understand that it is especially important to inform the Staff in the case of a medical emergency, in the case of a pertinent medical update or in the case of a student's harmful threat to self or others.
7. I understand that I may receive personal information regarding a student on an as needed basis and a student may choose to disclose information. I understand that a student's information is confidential, especially addresses and contact information, and that is not to be disclosed to an outside party in written or verbal form, nor in an electronic communication such as mail, website accessible by public, etc.
8. I understand that all students, staff, and volunteers are to be treated with dignity, respect, and consideration and are not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, or marital status.
9. I understand that the terms that have been listed are not all-inclusive and may be updated, as needed.

Signature _____



Name: _____ Date: _____

Address: _____

Date of Birth: _____ Home phone: _____ Cell phone: _____

Email address: _____

Best time to contact: () Morning () Evening

Will you be volunteering to fulfill a service requirement? () yes () no

If so, for what group or organization? _____

Availability: Please indicate the best day(s) and time(s) for you to volunteer:

Hours Available to Mentor: 3 – 4 pm 4 – 5 pm 5 – 6 pm

Days Available to Mentor: Monday Tuesday Wednesday Thursday Friday

Previous volunteer experience:

Please list three (3) references: (please include telephone number, email address and relationship)

Emergency Contact Information:

1. _____
(Name) (Relationship) (Phone #)

2. _____
(Name) (Relationship) (Phone #)



INDIVIDUAL VOLUNTEER POLICY

Please make sure to read thoroughly before signing

- Volunteers perform service without compensation and not considered to be employees of All THAT. All THAT does not provide Worker's Compensation or any other insurance coverage for volunteers. As a volunteer, I will not attempt work that is beyond my abilities or for which I have not been assigned.
- Acceptance as a volunteer is contingent upon successful completion at all levels of screening.
- All THAT accepts the service of all volunteers with the understanding that such service is at the sole discretion of All THAT. Volunteers agree that All THAT and the Volunteer may at any time, for any reason, decide to terminate the volunteer's relationship with All THAT. Notice of such a decision should be communicated as soon as possible to the Executive Director.

AS A CONDITION OF VOLUNTEERING, I give All THAT permission to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal records. I understand that, if appointed, my position is conditional upon All THAT receiving no inappropriate information on my background. I also understand that, regardless of previous appointments, All THAT is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration date of the term; I am subject to suspension by the Executive Director and removal by the Board of Directors for violation of All THAT policies and principles.

Applicant Signature _____ Date _____

Applicant Name (please print)