

volunteer

agreement

As a volunteer with Union County Neighbor to Neighbor, I assume certain responsibilities and expect to be accountable for the work that I do. I recognize and agree to the following terms:

1. I will act within the scope of my specific volunteer assignment.
2. I will avoid any conflict of interest or appearance of conflict of interest, including financial gain, in carrying out my volunteer duties. I will not become involved in the financial affairs of the members to which I am assigned.
3. I will treat information regarding members and families gained from program records and contacts with utmost respect for the parties' privacy, as I would want to be treated in a similar situation.
4. I will do my best to fulfill all assignments I accept. In the event that I cannot fulfill an assignment I have accepted, I will notify the office as soon as possible.
5. I will notify the office of any problems, issues or unusual circumstances encountered during my assignment.
6. I will report to the office immediately any concerns of an urgent nature.
7. I understand that I am not permitted to pick up any controlled substances from the pharmacy for any program member, and that I am not permitted to open or administer any medications, nor provide any medical advice to any program member.
8. I understand that I am not permitted to handle any financial transactions for any member such as writing checks, balancing check book, selling/buying stocks or mutual funds, using their ATM card to procure cash or make deposits or any other banking transaction. I understand that I may help, at the member's request, with opening, sorting and explaining mail, writing letters and making telephone calls.
9. I understand that I am not permitted to provide personal care (bathing, dressing, etc.) for my assigned member.
10. I understand that I may neither give nor accept any gift, including payment for gasoline, outside of "social graces" such as coffee or a small snack.
11. I understand the program carries insurance which protects me from personal liability for acts performed in carrying out regular and authorized volunteer duties. I understand that the insurance provided in the program does not cover operation of an automobile in performance of volunteer duties, and that I must provide such coverage through my own policy. I agree to provide a copy of my current insurance coverage to the program for its records, and to update that documentation annually.
12. I agree to submit to a background check.

Signature of Volunteer _____

Date _____

Signature of Volunteer Coordinator _____

