

Date: _____



Volunteer Agreement Form

Volunteer name: _____

Home address: _____

Phone number (preferred): _____

Email (optional): _____

ASCEND program with which you choose to volunteer: DTA School

Dates and times of volunteer availability: _____

As a volunteer I understand and agree that I:

1. Must be 18 years of age or older,
2. Am not permitted to photograph or film any of the students or members,
3. Will not be transporting clients or operating ASCEND vehicles,
4. Will follow ASCEND's procedures and standards, including health and safety, in relation to its staff, volunteers, and clients,
5. Will follow directions given to me by staff in regards to the clients and procedures,
6. Will maintain the confidential information and privacy of ASCEND and of its clients,
7. Will give appropriate notice if unable to follow through on my volunteer days so that necessary adjustments may be made.

By signing this form, I acknowledge I have chosen to volunteer at the ASCEND DTA/School

Signature: _____

(This agreement is binding in honor only, is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party.)