



Community Outreach
Volunteers NFP,

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Volunteer Agreement

As a volunteer / intern for Community Outreach Volunteers, I agree to the following:

1. I understand that my services are donated without any anticipation of remuneration of any kind with the possible rare exception of reimbursement of expenses as approved by the agency.
2. I understand that confidential information I may obtain directly or indirectly concerning families, children, or personnel must not be shared with anyone who does not have a need to know the information. This includes but is not limited to personal identification numbers, case specifics, addresses, telephone numbers, financial and health related information.
3. I understand that I am here at will, and that either I or Community Outreach Volunteers may discontinue my volunteer relationship with the agency at any time.
4. I understand that Community Outreach Volunteers does not assume liability or responsibility for my health and safety. My work with the agency is voluntary and under my own discretion.

I have read each of the conditions of volunteer services and agree to comply.

Written Name

Signature

Date