

Social Service Agency Volunteer Participation Agreement

Date: [Insert Date]

To: [Insert Volunteer Name]

Address: [Insert Volunteer Address]

Dear [Insert Volunteer Name],

We are pleased to welcome you as a volunteer with [Insert Agency Name]. This agreement outlines the expectations and responsibilities for your participation in our programs.

1. Volunteer Role

Your role as a volunteer will include, but is not limited to, the following activities: [List activities].

2. Duration of Service

This agreement is effective from [Insert Start Date] to [Insert End Date].

3. Confidentiality

As a volunteer, you may have access to sensitive information. You agree to respect the confidentiality of this information.

4. Commitment

You agree to commit [Insert Number] hours per week to your volunteer tasks and to communicate any scheduling conflicts in advance.

5. Termination

Either party can terminate this agreement with [Insert Number] days written notice.

By signing below, you acknowledge your understanding of and agree to the terms of this Volunteer Participation Agreement.

[Insert Volunteer Name]

Date: _____

Authorized Representative

[Insert Agency Name]

Date: _____

Thank you for your commitment to [Insert Agency Name]. We appreciate your support and dedication.

Sincerely,

[Insert Your Name]

[Insert Your Title]

[Insert Agency Name]

[Insert Contact Information]