**WE CARE VOLUNTEER AGREEMENT**

In order to maintain the integrity of We Care’s Mission and Values, I agree to the following in my service as a volunteer of We Care:

* I will conduct myself in accordance with the Mission and Values of We Care, most notably respect and compassion for clients, other volunteers, staff and donors.
* I will abide by all policies and procedures as directed, understanding that policies are in place for the protection of We Care clients, volunteers, and donors.
* I will receive permission from Director if adjustments need to be made to policies or procedures for a particular client’s needs to be addressed. I understand that permission must be gained individually for every such circumstance.
* I will submit to the leadership of my service area as indicated by Director.
* I will protect and maintain client confidentiality at all times by not revealing any identifying information regarding client or client’s family. Such information includes names, nicknames, addresses, phone numbers, make or model of vehicles, children in household, dates of birth etc.
* I will maintain confidentiality while serving and after my service to We Care is complete.
* I will interact with clients in a respectful and compassionate manner as described in Values Statement.
* I consent to be photographed for We Care publications and social media posts.
* I agree to faithfully support We Care Mission and Values in any public communication, including but not limited to social media posts.

***I understand that I will be volunteering at my own risk and that We Care cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization.***

***I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.***

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_