

## Volunteer Agreement

As a volunteer with Single Mothers Outreach (SMO), I understand that I will be interacting, either directly or indirectly, with single parents and their children, a vulnerable population in our society. I understand that compliance with all the requirements below is mandatory:

1. The **references** I listed may be contacted by telephone or email.
2. SMO has my permission to use my **name and photographs** of me to promote the organization.
3. I will inform SMO Staff or the Volunteer Supervisor of any **previous injuries** that may affect my ability to safely complete volunteer tasks, including lifting.
4. I understand that I must carry my own **health insurance**. I will not hold SMO responsible for any unforeseen injuries or problems that may occur on the job.
5. I will not initiate or engage in any **media/public event** pertaining to an SMO client or the organization without the prior approval of SMO. Requests for media engagements will be referred directly to the SMO Staff or Volunteer Supervisor.
6. I understand that I have the right to **submit a grievance** to the Executive Director of SMO should I not be satisfied with the response to the needs of, interaction with, guidance of, or care for single parent families within the scope of the SMO mission.
7. I will **not abuse, neglect, exploit, coerce, manipulate, or retaliate against** SMO families.
8. I **will report** to the SMO staff or Volunteer Supervisor any incident, action or circumstance which I may become aware of that presents a threat, endangerment, or current or future impact on SMO families. I understand that it is especially important to inform the Staff or Volunteer Supervisor in the case of a **medical emergency**, a pertinent medical update or a client's harmful threat to self or others.
9. I understand that I may not be alone in the company of **minor children** without the presence of a legal guardian. I will not transport minor children for any purposes without the accompaniment of a legal guardian and expressed consent of SMO following a fingerprint background check.
10. I understand that I may receive **personal information** regarding a SMO single parent family on an as-needed basis, and a family may choose to disclose information. I understand that parent and child information is confidential and is not to be disclosed to an outside party in written or verbal form, nor in an electronic communication such as mail, website accessible by public, etc.
11. An individual's membership in SMO is also confidential. **I will not disclose an individual's membership status or acknowledge his or her membership in SMO to anyone outside of SMO.**
12. Many single parent clients **choose not to have their photos taken** for personal and/or security reasons. I understand that I may not photograph nor arrange for a photograph of SMO families without first receiving approval from the SMO Staff or Volunteer Supervisor to ensure that SMO has obtained expressed written consent on a SMO consent form.
13. I understand all SMO single parent families are to be treated with dignity, respect and consideration and are **not to be discriminated against** based on race, national origin, religion, gender, sexual orientation, age, disability or marital status.
14. I understand that the terms listed above are **not all-inclusive** and may be updated, as needed.
15. I am at least 16 years of age or older.

**By signing below, I agree to all terms and conditions listed in the above agreement for myself and my minor children participating in SMO volunteer activities.**

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



Thank you for choosing to donate your time to Single Mothers Outreach. Whether you volunteer at the office, Closet on Main or a special event, you will help to make a difference in the lives of the parents we serve. We depend on volunteers to do what we do. SMO couldn't exist without people like you!

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Other languages spoken: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell/Home/Work (Circle one)

Birthdate: \_\_\_\_\_ Email: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ COM/SMO (Circle one)

Work Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Education: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Skills Relevant to Position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Availability:

\_\_\_ Sun \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat  
\_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings

References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In Case of Emergency Notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_