



CERV VOLUNTEER AGREEMENT

This agreement outlines the commitment of the agency to its volunteers and of our volunteers to the agency.

We will do our best to make your experience with us as a volunteer rewarding, enjoyable and safe.

AGENCY

Middlesex-London Health Unit accepts the services of _____ as a volunteer beginning _____.

Middlesex-London Health Unit agrees:

1. To provide information, training, and assistance so you can meet the responsibilities of your position.
2. To provide supervision and feedback on your performance so that you can deliver the best service possible to our clients. Regularly scheduled volunteers will receive an evaluation within the first year of their service. In the event that the services of the volunteer is not satisfactory, it may be necessary to discontinue the relationship with the volunteer. This will not occur until the volunteer has had the opportunity to discuss the reasons for possible release with Sean Bertleff, Manager.
3. To invite the input and feedback of all volunteers, asking for comments on ways in which we might make our services to clients more effective.
4. To treat volunteers as valuable members of the agency team since volunteers are jointly responsible for providing services to clients and for the completion of the agency mission.
5. To respect the skills, dignity and individual needs of our volunteers and to do our best to adjust to individual needs.
6. To provide policies and procedures to ensure effective services to clients and the safety and well-being of clients, volunteers and staff.
7. To include volunteers as Additional Insureds under the Health Unit's policy for Commercial General Liability and Errors & Omissions insurance. For further information, contact the Middlesex-London Health Unit.



VOLUNTEER

1. _____ agrees to serve as a volunteer for the Middlesex-London Health Unit. I understand the job description outlined to me and commit to performing these duties to the best of my abilities without monetary remuneration.
2. I understand that I must comply with Middlesex-London Health Unit policies and procedures (including those dealing with confidentiality of agency and client information).
3. I understand that it is important not to go beyond the responsibilities outlined in the attached job description and I will confine my volunteer activities as so defined by the agency. In instances where more appears to be required, I will consult with Sean Bertleff, Manager.
4. In consideration of my receiving a volunteer assignment, I hereby release Middlesex-London Health Unit from any and all liability or responsibility for any damages or injuries suffered or occasioned by me from any cause whatsoever.

Signature for the Agency

Date

Volunteer Signature

Date

MLHU Volunteer Resources often takes pictures of our volunteers and may share them with other staff and volunteers at Middlesex-London Health Unit. Photos may also be used for promotional materials. If you do not wish to have your photographs shared with others or used in our promotional materials, please indicate below.

- I give MLHU permission to use my photo
- I do not give MLHU permission to use my photo