



Twin Cities Kids In Need Resource Center

Volunteer Agreement

This is to advise that I am volunteering my services to Twin Cities Kids In Need Resource Center.

I understand that Twin Cities Kids In Need Resource Center will have no liability of any kind while I am volunteering my services and that I will receive no compensation of any kind.

I further understand that such duties as I perform will be directed by Twin Cities Kids In Need Resource Center supervisors/managers or designated employees and my performance must be in compliance with their instructions.

Twin Cities Kids In Need Resource Center policies and procedures are applicable to all volunteers. Safety procedures must be followed.

Signature _____

Date: _____

My signature indicates agreement with the above Volunteer Agreement.

VOLUNTEER CONTACT INFORMATION

Print Name: _____

Company Name: _____ Company Dept: _____

Email: _____

Emergency contact and phone number: _____

If under the age of 18 a parent signature is also required:

Signature: _____

Print Name: _____

Date: _____