**Volunteer Agreement**

I have read and understand the Volunteer Orientation Manual of the Open Door Clinic, including the *Sexual Harassment, Confidentiality, Access to Staff, Volunteer and Student Information* and *Health Information Policies*.

I agree to comply with all policies and procedures set forth in the Volunteer Orientation Manual. I understand that if I do not comply with these policies and procedures, I may be asked to cease my volunteer commitment with the Open Door Clinic.

I agree to permit ODC to use my photograph for promotional and/or volunteer appreciation purposes (if you do not agree, check here: □).

I agree to permit ODC to list my name as a volunteer for publications, promotional, and/or volunteer appreciation purposes (if you do not agree, check here: □).

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

*Approved October 2004*

*Revised August 2016*