

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: _____

