



**COUNTY OF HENRICO
DEPARTMENT OF HUMAN RESOURCES
VOLUNTEER SERVICES PROGRAM**

Volunteer / Henrico County Agreement

I _____, agree to serve as a Volunteer for the County of Henrico _____ Department for the period of _____.

As a Volunteer, I agree to do the following:

1. Learn and adhere to department and County policies as they relate to my assignment.
2. Participate in consultation to evaluate performance and program.
3. Perform duties according to job description.

The County of Henrico agrees to provide the following:

1. A Supervisor to the Volunteer to:
 - A. Function as a director of volunteers on a daily basis.
 - B. Be an advisor to the volunteers.
 - C. Help to meet the needs of the volunteer.
 - D. Be responsible for volunteer problems or concerns.
 - E. Review information regarding the EEO policy as stated in [Policies and Procedures Section \(13.2A\)](#)
 - F. Review information regarding Policy against Harassment as stated in [Policies and Procedures Section \(13.2B\)](#)
 - G. Review information regarding Privacy of Information policy as stated in [Policies and Procedures Section \(13.9\)](#)
2. A written job description.
3. Training opportunities when possible.
4. Consultation with volunteer to evaluate program and performance.
5. An opportunity for continuous and various service where possible.

I agree to the following schedule and will notify my supervisor if other arrangements need to be made at a future date: **(to be written in)**

I fully understand that if my services are no longer needed, or my performance is not acceptable, the County has the right to terminate my services as required and without notice.

RELEASE CLAUSE:

During such times as I am a participant in the County of Henrico Volunteer Services Program, I agree to assume full responsibility for such participation and release the County of Henrico from any damages which I may sustain thereby.



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VOLUNTEER AGREEMENT ON CONFIDENTIALITY: As Stated in Policies and Procedures Section: 13.9 Privacy of information

I agree to refrain from repeating to any outside source and to keep confidential all information or records pertaining to clients/residents/employees obtained while I am a volunteer with the County of Henrico. I realize that this is privileged information and is not to be shared with anyone other than a current employee of the County of Henrico, and then, only as necessary to properly carry out my task and/or assignment.

VOLUNTEER PARENTAL CONSENT: Please note that parental signature is required if the volunteer is under 18 years of age.

I certify that my child has my consent to participate as a volunteer in the County of Henrico Volunteer Program without remuneration or benefits.

I also understand that all volunteers under age 18 **may not** be assigned duties involving, but not limited to the following:

- Driving County-owned motor vehicles
- Operation of power-driven machinery or equipment (e.g. chain saws, power shop tools, rock crushers, drill rigs, specialized equipment or vehicles)
- Use of toxic chemicals or other laboratory hazards
- Exposure to any unusual or unacceptable health or safety risk

IMPORTANT NOTICE: Please make sure that you and your child have read and understood the following before signing the document:

- The written volunteer job description of the position for which your child has applied
- Your child's work schedule and arrangements
- The County of Henrico Volunteer Letter of Agreement
- The County of Henrico Volunteer Rights and Responsibilities form
- The County of Henrico Volunteer Coordinator Checklist
- The County's Release Clause and Volunteer Agreement on Confidentiality outlined above in the Volunteer/Henrico County Agreement

Signature of Parent/Guardian: _____ Relationship: _____

Signature of Volunteer: _____ Date: _____



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APPLIES TO HENRICO COUNTY EMPLOYEES ONLY:

I understand that this Volunteer assignment carries no remuneration or benefits; therefore, the County of Henrico is not obligated for any wages or overtime compensation in relation to this volunteer activity. I also was not asked or directed by any County employee to seek this volunteer activity. The assignment I have selected is outside of my regular hours and duties as a County employee. It is understood that the requirements of my County position come first and if any conflict should arise, the volunteer assignment will be stopped.

Name: (please print) _____ (Required)

Mailing Address: _____ (Required)

Telephone: _____ (Required)

Signed: _____ (Required)

Date: _____ (Required)

A copy of this form should be retained by the Department Volunteer Coordinator.