

**Volunteer Agreement** *(please read carefully before signing)*

I, (print your name) \_\_\_\_\_ enter into this agreement with the AIDS Committee of London. I agree to serve in the capacity of a volunteer/practicum student for (print length of agreed upon service) \_\_\_\_\_. *Should I wish to continue as a volunteer after this time period, I understand that the terms outlined in this agreement will remain binding.*

I agree to fulfill my volunteer/practicum student responsibilities as outlined in the position description to the best of my ability. I agree to follow all AIDS Committee of London policies and procedures, as conveyed to me by the Coordinator of Volunteer Services.

I fully understand that the services I provide to the AIDS Committee of London are to be fulfilled without any expectation of personal remuneration or gain of any kind, financial or otherwise.

I agree to provide services in a non-judgmental manner, without regard to sexual orientation, gender, race, religion, physical capabilities, educational level, political opinion or income. As an AIDS Committee of London practicum student, I am willing to examine my own beliefs and to learn about others' cultures and values.

I agree to provide quality services as an AIDS Committee of London practicum student. I also agree to refer requests for services for which I am not specifically trained to appropriate agencies, staff, and volunteers as needed.

I agree to attend training sessions and team/supervisory/support meetings that are required of the position. I agree to complete any forms and reports required of the position fully, accurately, and in a timely manner. I agree to be receptive to the constructive suggestions and guidance of the Coordinator of Volunteer Services. I agree to bring any problems that may arise in the course of my volunteer service directly to the Coordinator of Volunteer Services for resolution before approaching other agency personnel.

I recognize that, as a volunteer/practicum student of the AIDS Committee of London, my role is to provide services that are in the best interest of the agency and its clients. If a situation should arise that might cause a conflict of interest, I agree to inform the Coordinator of Volunteer Services.

I realize that if I do not comply with agency policies and procedures, that I will forfeit my right to act in a volunteer/practicum student capacity and may be asked to terminate my association with this organization.

Volunteer / Student's Signature: \_\_\_\_\_

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

Coordinator of Volunteer Services Signature: \_\_\_\_\_

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

