



Volunteer Agreement

Name _____

Description of volunteer services to be performed and where:

I understand and agree that:

- If I perform the volunteer services described above for CSNT Head Start I will: not be an employee; not be entitled to any compensation for my services; and not be entitled to any benefits.
- I will be required to comply with all regulations that might apply to anyone working at CSNT Head Start.
- I may learn sensitive information regarding children, their families or staff. This information is confidential and should not be discussed with others at the center or elsewhere.
- Smoking or tobacco use is not allowed on Head Start property.
- A Head Start Volunteer should be neat in appearance. Closed-toe shoes must be worn at all times. All shirts should cover the midriff. No halters, tube tops or shorts should be worn. All volunteers entering the kitchen area must wear a hair net. If assisting with food preparation or serving, I must wear gloves.
- Any discipline issue involving children will be handled by Head Start staff.
- CSNT Head Start may determine at any time that it no longer needs such volunteer services performed, and that I may decide at any time to end my volunteer activities for CSNT Head Start.

Volunteer Signature

Date

Are you 18 years of age or older? Circle one: YES NO

If under age 18, your parent or guardian must complete the following statement and sign it.

I have read the Volunteer Agreement and confirm that _____ has my permission to participate as a volunteer at CSNT Head Start.

Parent or Guardian

Date