



Harriet Tubman Academic Skills Center VOLUNTEER CONTRACT

Semester: Fall Winter/Spring
Year: _____

NAME: _____

HOME ADDRESS: _____

SCHOOL ADDRESS (if different): _____

CONTACT PHONE NUMBER: _____

EMAIL ADDRESS: _____

After carefully reading the on-line Volunteer Orientation module (or reading the Volunteer Orientation Packet), please indicate your acknowledgement with your initials after each statement. Then sign and date this document at the bottom of the page. Return to the Program Director prior to your first day at the HTASC Center.

1. I have read and fully understand the definition of “abuse” according to the HTASC Policy on Safe Sanctuary? INT: _____
 - a. I have read the screening questions and answer each of them with “NO.” INT: _____
(If I answer any question with “YES,” I am to speak with the Program Director prior to volunteering at the HTASC Program Center.)
 - b. I have read, understand, and pledge to comply, to the best of my ability, to the policy conditions of the Safe Sanctuary. INT: _____
2. I have read, understand and agree to the Waiver & Release of Liability conditions. INT: _____
3. I have read, understand and agree to the Photo Release conditions. INT: _____
4. I have read, understand and pledge to comply, to the best of my ability, the HTASC Policies regarding:
 - i. Appropriate dress & language INT: _____
 - ii. Arrival and dismissal and signing in & out INT: _____
 - iii. Notification of absence INT: _____
 - iv. Adherence to classroom rules INT: _____
 - v. Use of Electronic Device (cell phone) INT: _____
 - vi. Mandatory Reporting INT: _____
 - vii. Confidentiality INT: _____

If you would like to discuss any of these policies in confidence, please speak with the Program Director.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____