

**NEIGHBORS HELPING NEIGHBORS
VOLUNTEER AGREEMENT**

STATEMENT OF AGREEMENT:

I, _____,
agree to perform the volunteer duties, as specified, to the best of my ability
and in a professional manner. I will appreciate constructive feedback. If
problems arise, I will notify a supervisor as soon as possible. When I am
ready to conclude my volunteer services with the Neighbors Helping
Neighbors program, I agree to provide closure with any program participant
that I contact or with whom I develop a volunteering relationship. I also
agree to provide the Neighbors Helping Neighbors program with feedback of
my volunteering experience(s).

I agree to volunteer _____ days/hours per month for _____
months, beginning _____.

CONFIDENTIALITY:

I agree to maintain strict confidentiality regarding the person/people I contact
and agree to uphold and respect their privacy. Pertinent information will
only be shared with representatives of the Neighbors Helping Neighbors
program as part of the program's efforts to fulfill its mission.

Signature of Volunteer

Date

Signature of Program Representative

Date