

Agreement For Volunteer Service



community on patrol

First Name	Last Name	Home Phone
Address / City / State / Zip		
E-Mail	Mobile Phone	
Emergency Contact Name	Emergency Contact Phone	

I hereby volunteer to participate in CCOP's Community Walking Patrol and training. As a volunteer, I agree to abide by all policies and procedures and to perform my volunteerism in a safe, responsible manner in accordance with the description of service.

_____ I am not to appear for volunteer service under the influence of any illegal drugs or alcohol. I agree to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.

_____ I will not carry or utilize any weapons or sprays during my participation.

_____ I will not become involved in verbal or physical confrontation during my participation.

_____ I will abide by all policies regarding personal conduct while performing volunteer services.

_____ I agree not to go beyond the scope of volunteer work agreed to without authorization.

_____ I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.

_____ I hereby identify that I am capable of performing duties without accommodation, or with the following accommodation(s): _____

_____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to my supervisor.

_____ I grant full permission to use any photographs for publicity purposes by CCOP.

TERMINATION: I understand that I or the CCOP program may terminate this agreement at any time with or without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being a volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the Castro Community On Patrol program, I hereby assume all risk of injury, damage and harm to myself arising from such activities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the Castro Community On Patrol and San Francisco SAFE, Inc., its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

This agreement will be in effect for the duration of my volunteer services beginning this date.

Dated this _____ day of _____, 2009 D.O.B. _____ Gender _____ I.D. Verification _____

Volunteer's Signature

CCOP Representative's Signature

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Volunteers must be 18 years and older.