

**TO BE COMPLETED WITH SUPERVISOR AFTER VOLUNTEER
ASSIGNMENT HAS BEEN APPROVED, OFFERED AND ACCEPTED.**

PROJECT CORNERSTONE/YMCA OF SANTA CLARA VALLEY VOLUNTEER AGREEMENT

I, _____, do hereby agree to volunteer as
_____ services for _____ under the direct supervision of
(Title) (Project Cornerstone)

(Name of Supervisor)

I understand that Volunteer Status is not covered by or under the provisions of IWC Order 5-80 or Labor Code Section 1183.4. I clearly understand and do not expect compensation, or exchange of privileges or services, in any form for this volunteer position.

Reimbursement for any personal expenses or auto use related to this position must be clearly agreed upon in advance, in writing, with supervisor.

I agree to the policies and practices of the PROJECT CORNERSTONE/YMCA and agree to perform duties set forth in my position description.

I understand that failure to perform duties or follow PROJECT CORNERSTONE/YMCA policies and practices may result in the cancellation of the agreement and dismissal.

**PLEASE SIGN BELOW TO INDICATE YOUR AWARENESS OF THE
INFORMATION CONTAINED HEREIN.
RETURN THIS FORM TO YOUR SUPERVISOR.**

Volunteer _____
(Print Name) (Signature) (Date)

Parent/Guardian _____
(if volunteer is under 18) (Print Name) (Signature) (Date)

Supervisor _____
(Print Name) (Signature) (Date)

Executive _____
(Print Name) (Signature) (Date)