**Volunteer Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, desire to volunteer my service to the Fort Drum Thrift Shop Inc. of Fort Drum, New York.

I expressly agree that my services are being performed as a volunteer and that I am not, solely because of these services, an employee of the United States Government or any instrumentality thereof. I expressly agree that I expect no present or future salary, wages or related benefits as payment for these services. (Initial: \_\_\_\_\_\_\_\_\_)

I hereby release the **Fort Drum Thrift Shop Inc. of Fort Drum, New York** from any liabilities or claims arising from my volunteer services to include but not limited to personal injury, illness, death and personal property loss or damage. (Initial: \_\_\_\_\_\_\_\_\_)

I have received a copy of the **Volunteer Rules and Regulation Policy**. I have read the policy and by signing below, acknowledge the policies and agree to comply. I understand that failure to comply with the policies will result in immediate forfeiture of volunteer privileges for thirty days (30) and a second offense could result in permanent revocation of privileges. (Initial: \_\_\_\_\_\_\_\_\_)

I have registered in the VMIS Program and agree to submit my hours by months end each month.

(Initial: \_\_\_\_\_\_\_\_\_)

I have received a copy of the Child Care Policy. I have read the Policy and by signing below, acknowledge the policies and agree to comply. (Initial: \_\_\_\_\_\_\_\_\_)

Name of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 of Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Store Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: Address/Telephone Numbers will be maintained by the Thrift Store Staff and will not be release to third parties.*