VOLUNTEER TRANSITION CONSENT FORM

This form is designed to formalize your transition into a new volunteer role, department, or status within Natchitoches Tribe of Louisiana Nonprofit Corporation (NTL-NC).

Please complete the information details below and sign to acknowledge your voluntary agreement to this transition.

1. VOLUNTEER INFORMATION

- **Full Name:** _____
- **Email Address:** _____
- **Mailing Address (street, etc.):** _____
- **City, State, Zip:** _____
- **Phone Number:** _____

2. TERMS & ACKNOWLEDGMENTS

Please check the boxes and sign initials to indicate your understanding and consent:

- [ ]___ **Unpaid Status:** I understand that my volunteer service is completely voluntary and unpaid. I acknowledge that I am not an employee of the organization and am not entitled to financial compensation, benefits, or future employment promises.
- [ ]___ **Policy Adherence:** I agree to adhere to all policies, safety guidelines, and code of conduct expectations associated with my volunteer role.
- [ ]___ **Liability & Risk Waiver:** I acknowledge that my volunteer activities may involve inherent risks. I assume full responsibility for these risks and release the organization from liability for injuries or damages sustained during my service.
- [ ]___ **Confidentiality:** I agree to protect and keep confidential all sensitive organizational information, client data, and proprietary materials that I access in my volunteer position.

4. EMERGENCY CONTACT INFORMATION

- **Contact Name:** _____
- **Relationship:** _____
- **Phone Number:** _____

5. SIGNATURE & AUTHORIZATION

By signing below, I certify that I have read, understood, and agreed to the transition terms outlined above.

- **Volunteer Signature:** _____
- **Date:** _____