

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Reference Please provide one reference (non-family preferred).

Name: _____

Organization (if applicable): _____

Phone Number: _____

Email Address: _____

Conduct Agreement

By submitting this form, I agree to:

- Treat all visitors, staff, and fellow volunteers with respect.
- Follow all policies, procedures, and safety guidelines.
- Represent the organization in a professional and courteous manner.
- Protect confidential information learned while volunteering.
- Follow staff direction and support the mission of the organization.

I acknowledge and agree to the above conduct expectations.

Conflict of Interest Acknowledgment

I understand that a conflict of interest may exist if my personal, professional, or financial interests could influence—or appear to influence—my actions as a volunteer.

I agree to promptly disclose any potential or actual conflicts of interest to staff.

I acknowledge and agree to this conflict-of-interest statement.

If you wish to disclose a potential conflict now, please describe below (optional):

Signature

I certify that the information provided on this form is accurate to the best of my knowledge.

Signature: _____

Print Name: _____

Date: _____