

Diocese of Sacramento — Human Resources Services

Volunteer Agreement Form

Volunteer name (please print): _____

Parish / School location name: _____

By signing this form, I acknowledge that I have chosen to volunteer at the Parish / School / Agency location named above, in the following capacity:

In connection with my volunteer service, I make the following express representations:

1. I understand and acknowledge that my time and services as a volunteer are being donated by me to the Roman Catholic Church, specifically the Parish / School/ Agency location named above, without contemplation of compensation or future employment, and that I provide these services for religious, charitable, or humanitarian reasons.

2. I understand that as a volunteer I will earn no wages or benefits in connection with the volunteer services I wish to provide, and that I will not seek any such wages or benefits. I further understand that I will not be entitled to unemployment insurance benefits upon the discontinuance of my volunteer services (regardless of whether such discontinuance is initiated by me or by the Parish / School / Agency), nor will I be covered under the Parish's / School's / Agency's workers' compensation insurance in the event I am injured while engaging in the volunteer services I will provide.

3. I understand that in the course of my volunteer services, I may be provided with access to, or come to be in possession of, confidential, non-public information concerning employees, parishioners, students, volunteers, or other individuals, as well as confidential information concerning sacramental or ministerial Church activities. I agree that I will honor the confidential nature of any such information, and will not disclose directly or indirectly to any person or entity outside the Parish/School/Agency, without express written authorization.

I acknowledge that I have read this agreement, have voluntarily signed it, and that no oral representations, statements, or inducements apart from the contents of this agreement have been made to me.

Date: _____
Volunteer

Date: _____
Authorized Parish / School / Agency Representative