

## Volunteer Agreement

I am interested in becoming a Buckner Children and Family Services, Inc. (Buckner) volunteer and know of no reason why I should not be matched with a volunteer opportunity. If selected, I agree to comply with all Buckner policies and procedures and regulatory requirements as they are written now or may be written in the future. I acknowledge that I will be Buckner volunteer and not an employee of any Buckner subsidiary. I acknowledge that I am not entitled to any compensation or benefits normally available to Buckner staff. I agree to keep my volunteer schedule commitments. If I am unable to keep a scheduled commitment I will communicate with the designated BCFS staff immediately.

I, \_\_\_\_\_, understand, acknowledge and agree to the following:

- Buckner is not obligated to call upon me for volunteer services.
- I understand that all information regarding volunteers, Buckner staff and clients is confidential and will only be released on a need to know basis or as required by law. I agree to comply with all policies regarding confidential matters and information and will not breach any confidentiality.
- I acknowledge that I must immediately report any client abuse or neglect to BCFS staff. I acknowledge that such client abuse or neglect will be reported to the appropriate regulatory agency and law enforcement.
- I understand that BCFS is prepared to prosecute for any illegal behavior with a client.
- I permit Buckner to release information about my experience as a volunteer to any affiliate of BCFS to which I might apply in the future.
- I authorize Buckner and its agents to investigate my background and character and to contact companies, institutions, other persons, law enforcement agencies, other agencies, or schools in order to complete a thorough investigation.
- I agree to abide by BCFS guidelines. I acknowledge that failure to comply with BCFS volunteer guidelines as they are stated now or may be stated in the future would result in immediate dismissal from a volunteer assignment and that I will not be eligible to serve as a BCFS volunteer at any time in the future.
- I acknowledge that I am not entitled to and will make no request for information or reason for decision regarding volunteer selection. I understand that the selection process is confidential and will not be disclosed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Buckner Witness Signature