



Providing HIV related services to our community through compassionate direct care, prevention, and outreach activities

Volunteer Corps Contract

I, _____, have been selected to be a member of HARC's Volunteer Corps.

I am familiar with the professional and ethical guidelines concerning confidentiality (see confidentiality agreement) and agree to accept the responsibility for insuring total confidentiality of my dealings with persons with HIV/ AIDS.

I understand that:

- I will not be financially compensated for my volunteer work.
- I cannot consume alcohol or illegal substances when I am on duty as a HARC volunteer.
- I am not permitted to exchange money with clients.

I agree, within the best of my abilities, to:

- Attend training workshops and occasional meetings with HARC for the purpose of information exchange and continued HIV/ AIDS education.
- **Report my hours to the Volunteer Coordinator on the first of each month, and no later than the fifth of each month.**
- Inform the Volunteer Coordinator of a change of address or telephone number.
- Inform the Volunteer Coordinator if I am no longer able to volunteer for HARC.

I release HARC and its employees from liability for any injury or damage sustained while I am acting as a volunteer.

I agree to accept full legal responsibility for my actions as a volunteer.

If I will be providing transportation services for HARC, I understand that I must possess a valid driver's license and car insurance. I understand that all passengers must wear seat belts. I will provide a copy of my license and vehicle registration to HARC.

I understand that HARC has the authority to terminate my affiliation at any time, and that failure to honor any portion of this contract may result in immediate disaffiliation.

Signature: _____ Date: _____

Name: (Please Print) _____