

**Family Support Council of Community Crossroads**  
**Volunteer Application and Agreement**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Home

\_\_\_\_\_ Cell

Have you served as a FSC member before? \_\_\_\_\_

Volunteer Agreement

I am interested in providing volunteer services to Community Crossroads, Inc. in the capacity noted above. I have met with the person designated to co-ordinate my volunteer services and he/she has discussed the expectations of my volunteer work with me. I have received copies of any policies and procedures related to the scope of volunteer services which I will perform.

I understand that through my volunteer work I may have contact with information concerning the agency and individuals who are receiving services at Community Crossroads. I realize that all information which I receive must be considered confidential and must not be discussed with anyone other than agency staff/other committee members without specific authorization.

I understand that if I have any requests or questions or concerns during the term of my volunteer work, I should notify the designated volunteer Coordinator who is available to assist me.

I have received a copy of the agency policies regarding Human Rights and Confidentiality of Information.

Person designated as Volunteer Coordinator: \_\_\_\_\_

Position: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_