



STUDENT VOLUNTEER COMMUNITY SERVICE COMMITMENT

Abode Services, formerly Tri-City Homeless Coalition

DATE: _____

Student Name: _____

School: _____ **Graduation Yr:** _____

Volunteer Agrees To:

1. **Fulfill duties reliably as assigned by staff. (Earn hours honestly)**
2. Sign into Volunteer book each time to keep an accurate record of hours worked.
3. Arrive promptly for any volunteer assignment.
4. Use space and equipment only for work assigned and only at authorized times.
5. Not remove items or property belonging to Abode Services without permission.
6. Call Volunteer Coordinator when unable to come for scheduled community service work.
7. Maintain the dignity and integrity of the agency with the public and honor confidential information.
8. Report any disturbing incidents with clients to staff immediately.
9. Accept the guidance and decisions of the Volunteer Coordinator.
10. Have needed paperwork signed by the Volunteer Coordinator in a timely manner. (Inform Coordinator in advance not last minute.)
11. All letters of Reference or letters for Scholarships must be requested 2 weeks in advance, and requirements attached with a short Biography of student achievements, grade point, hobbies and school clubs.
12. Not take any photo/video of residents living at any Abode Service site without permission of Staff and resident.
13. **Dress appropriately for position** (No half shirts, Mini skirts, short shorts, or see through shirts, no inappropriate tee shirt or writing or pictures)
(Inappropriate dressers will not be allowed to volunteer that day.)

The Agency Agrees to provide:

An environment in which the Volunteer is treated as a valued asset.

1. Keep an on-going record of the volunteer's hours.
2. Provide written verification to your School for volunteer hours completed.
3. Provide a Staff Member to orient and supervise student.
4. Provide staff support from the Volunteer Coordinator and other Staff Members

Note: I realize that **I MUST Call when I can not work/volunteer on my Scheduled day**, failure to fulfill my tasks adequately, or violating my agreement with Abode Services will result in my being terminated for volunteering at Abode Services, 510/252-0910

I have read and understand the information contained in the Community Service Agreement.

Volunteer Signature: _____ **Date:** _____

Volunteer Coordinator: _____ **Date:** _____

Bonnie Wilson