

## Volunteer Agreement

I, \_\_\_\_\_, agree to serve as a volunteer with the McDonough County Health Department. I agree to volunteer from \_\_\_\_\_ (month/year) until such time as I no longer wish to volunteer or until it is felt that my services are no longer needed.

While volunteering, my responsibilities will include those as check below.

- \_\_\_\_\_ secretarial/clerical work
- \_\_\_\_\_ answering phones
- \_\_\_\_\_ other (describe) \_\_\_\_\_
- \_\_\_\_\_

I understand that any client information to which I have access is privileged and shall be held in strict confidence.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Supervisor's Signature