

Seneca County House of Concern
Volunteer Partnership Agreement
(revised April 2015)

The mission of the Seneca County House of Concern is to help those in need with basic needs such as food, clothes and household items and to treat everyone with dignity and respect.

As a volunteer of the Seneca County House of Concern, I understand and agree to the following:

1. I will not be compensated by the Seneca County House of Concern – monetarily or through goods and favors – for any time spent volunteering.
2. I will report to the assigned manager upon arrival and prior to departure.
3. I will complete tasks as assigned. My assignment(s) will be determined by Seneca County House of Concern staff and may change depending on the needs of the program.
4. I will adhere to the general rules and expectations as outlined in the Employee Code of Conduct.

If at any time I have questions or concerns regarding specific tasks or duties, general rules and expectations or my role as a volunteer, I understand that I may contact my manager for clarification.

In consideration of my desire to serve as a volunteer for the Seneca County House of Concern, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary tasks or duties or other activity of any nature including the use of equipment and facilities of the Seneca County House of Concern.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge the Seneca County House of Concern and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer activities or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of New York, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known, undisclosed mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Signature: _____ Date: _____

Print Name: _____

Staff Member: _____

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