

VOLUNTEER GROUP SERVICES AGREEMENT

Volunteer groups and organizations play an increasingly important role in enhancing our services to fulfill our mission.

GROUP OR ORGANIZATION (Include name, address, zip	code, and telephone nu	mber.)		
GROUP OR ORGANIZATION CONTACT PERSON (Include	name, address, zip code	, and telephone nu	ımber.)	
PERSON FROM GROUP OR ORGANIZATION TO BE NOTII	FIED IN AN EMERGENCY	(Include name, add	dress, zip code, and teler	phone number.)
		(,		,
PROJECT DESCRIPTION (If more space is needed, contin	ue on reverse.)			
AGRE	EMENT BY THE GROU	P OR ORGANIZA	TION	
We agree to volunteer our services to accomplish hereafter known as WCYFS, with the following cor		bove to assist the	e Women's Center-You	ith & Family Services,
Roster: We agree to provide WCYFS with an attendance roster including name, address, and phone number of participants.				
• Juveniles: Our group represents that if juveniles (under age 18) are participating, we assume all responsibility for obtaining formal parental/guardian consent for their attendance and participation.				
 Waiver of Liability and Hold Harmless Agre coverage for recognized volunteer groups o responsibility for providing accident insuran volunteer activity, and if requested, agree to the WCYFS and its employees, officers, spor in any way connected to this volunteer activity. 	or for the volunteer act nce and/or workers' co o provide evidence of nsors, and agents, fror	tivities encompas Impensation cove Insurance covera	sed by this agreement erage for the individua ge. We agree to inden	. We accept the Is participating in this nnify and hold harmless
• Termination: Either we, or the WCYFS, may	terminate this agreer	ment, at any time	e, by notifying the othe	er party in writing.
GROUP/ORGANIZATION REPRESENTATIVE'S SIGNA	ATURE AND PRINTED I	NAME	TITLE	DATE
	AGREEMENT B	Y WCYFS		
WCYFS accepts this offer, and agrees, while this age equipment, and facilities as are needed and are as				
DEPARTMENT REPRESENTATIVE'S SIGNATURE			ı	DATE
THIS AGREEMENT WAS COMPLETED	TERMINATED	ON (Date):		
WCYFS REPRESENTATIVE'S SIGNATURE		DATE		