



*Catholic Charities is committed to manifesting Christ's spirit  
by collaborating with diverse communities,  
providing services to the poor and vulnerable,  
promoting human dignity and advocating for social justice.*

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## **VOLUNTEER AGREEMENT**

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**Confidentiality Agreement:** Confidentiality is a trust between the agency and the client. This implies that information the client has shared will remain private. Confidentiality is an agency-wide responsibility, including volunteers. Volunteers are prohibited from discussing client and family problems or information with anyone, except with designated staff or situations specified by staff supervisor. As an Intern, you may have access to confidential information, whether it be its suppliers, its customers, or perhaps fellow employees. You have the responsibility to prevent revealing or divulging any such information unless it is necessary for you to do so in the performance of your duties. Access to confidential information should be on a "need-to-know" basis and must be authorized by your supervisor. Any breach of this agreement will not be tolerated and Catholic Charities of Los Angeles may take legal action. I agree to maintain the confidentiality of all clients about whom I have personal and identifying information. **Initial:** \_\_\_\_\_

**Potential Hazards and Risks:** I am aware that as a Volunteer I expose myself to potential hazards, which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others, falls, etc. I understand the potential hazards that have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. **Initial:** \_\_\_\_\_

**Volunteer/Intern Handbook Receipt:** I have received a copy of the Catholic Charities of Los Angeles, Inc. Intern Handbook. I acknowledge that I have reviewed and understand its contents. **Initial:** \_\_\_\_\_

**Photograph/Interview Release:** Catholic Charities of Los Angeles, Inc., requests your consent to photograph film or interview you for imparting information about you raising funds for its programs. By participating, your likeness may be seen in public. I consent to allow Catholic Charities of Los Angeles, Inc., to use my photograph or interview at a later date in printed or broadcast form. I understand that there is no compensation for my participation. **Initial:** \_\_\_\_\_

**Volunteer Status:** I understand as a volunteer, I am not an employee of Catholic Charities of Los Angeles, I understand and agree that I will not be paid for my volunteer service. I have not been promised and do not expect any compensation in any form. **Initial:** \_\_\_\_\_

By signing this form, I understand and agree to the above terms and conditions related to my services to Catholic Charities of Los Angeles, Inc. If I am under 18 years of age, my parent/guardian must indicate consent by signing this form.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date

