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**Volunteer Agreement**

**As a representative** of the Shoreline PTA Council clothing room, I accept that it is a privilege and responsibility to be a volunteer at The WORKS.

**I understand** the importance of respecting the privacy and confidentiality of the families that are served at The WORKS.

**I agree** to be a current member of a Shoreline PTA Council local unit.

If I have questions or concerns about procedures and or any incident that occurs at The WORKS, I agree to contact a Shoreline PTA Council Director of Family Services or the chair of The WORKS.

|  |  |
| --- | --- |
| Name | Local Unit PTA |
|  |  |
| Street | City & Zip  |
| Phone #1  | Phone #2  |
|  |  |
| E-Mail Address  |
| Signature Date |

Your personal information is used for the business of The Works

**2014-15 Contact Information**

The WORKS Chair: Jenny Brown, shorelineptaworks@gmail.com

Director Family Services: Marian Fisler, shorelineptafs@gmail.com