



## Student 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 that I am a current student in a Shoreline school in 7<sup>th</sup> through 12<sup>th</sup> grade and am in need of fulfilling community service hours.**

I **agree** to attend a short Volunteer Orientation on my first assigned night to receive instructions and to review procedures and policy.

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 VP of Family Services or the chair of The Works.

**I agree that I will be working in the sorting room at times when the families are shopping in the store so that I will not come in contact with any families. If I need to use the restroom, I will talk with my supervisor before 6:15pm or after 8:00pm.**

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

Your personal information is used solely for contact regarding volunteering at The Works