



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