



The Shepherd's Center of Northern Virginia Volunteer Agreement

As a Volunteer with Shepherd's Center of Northern Virginia (SCNOVA), I understand that I will be working directly with seniors, some of whom are the most vulnerable members of our community. I hereby give my consent for Shepherd's Center to contact my references and conduct a background check. I also understand that my compliance with the requirements set out below is an essential part of my volunteer service.

- 1) SCNOVA does not discriminate against its clients, volunteers, or staff for any reason – including age, race, religion, disability, national origin, gender, sexual orientation, financial or marital status.
- 2) I will inform the Operations/ Volunteer Manager of any existing condition or injury that may affect my ability to safely perform all volunteer tasks.
- 3) I understand that I may become aware of personal information and that such information pertaining to clients, either from SCNOVA staff or from the clients themselves is strictly confidential.
- 4) SCNOVA encourages open communication between volunteers and staff members.
- 5) I hereby grant SCNOVA my permission to use my name and any photographs that may be taken of me pursuant to my volunteer duties.
- 6) For drivers providing transportation for SCNOVA clients and or volunteers providing basic repairs/improvements at clients' homes, the following requirements apply:
 - a. I understand that I must carry my own automobile insurance and that I will not hold SCNOVA financially responsible for any injuries, accidents or other problems that may occur to me or to any client or third party while I am driving as an SCNOVA volunteer. I will promptly report any incident to the Operations/ Volunteer Manager. I understand that SCNOVA maintains an "umbrella" insurance policy that provides secondary coverage, if required, regarding such incidents.
 - b. I understand that if I become aware of any incident of change in a client's circumstances or an apparent downturn in their health or living conditions, I should promptly report my concerns to the Operations/ Volunteer Manager.
 - c. I understand that if my ability to drive others safely becomes compromised by health issues, or for any reason, I can no longer legally operate a motor vehicle in the Commonwealth of Virginia; I must report such issues to the attention of SCNOVA, which reserves the right to place me in "Inactive Driver" status – temporarily or permanently.
- 7) The requirements listed above are not all-inclusive, and SCNOVA reserves the right to modify and/or update them, without prior notice.



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I hereby acknowledge that I have read, and fully understand, the Shepherd's Center of Northern Virginia's volunteer requirements, as set out above, and agree to abide by them.

PRINTED NAME: _____

DATE: _____

VOLUNTEER SIGNATURE: _____

DATE: _____

**Please RETURN this signed page to the Operations/Volunteer Manager
via email: office@scnova.org
or mail to: Shepherd's Center
541 Marshall Road SW
Vienna, VA 22180**