Volunteer Agreement

United Way of Southeastern Connecticut



I, (please PRI indemnify, and hold harmless United Way of Souther supervisors of all activities from any and all liability caused by negligence). I likewise hold harmless from any United Way activity.	in connection with any injury (including any injury
Media Release: In addition, by signing this form I give to be used by United Way of Southeastern Connect publications and communications including, but no displays, and publicity. I understand that these phosoutheastern Connecticut. If you wish to decline, per make a note at the bottom of this form.	icut for training or for reproduction in United Way t limited to, social media, print materials, videos, ptographs are the sole property of United Way of
Confidentiality : As a volunteer, I may learn person concerning the organizations we are helping, person that this information remains confidential and is a volunteer activities or my volunteer involvement with signing this form, I hereby pledge to keep private and	nnel, pantry beneficiaries/ guest(s). I will ensure not disclosed, whether I am actively engaged in the mobile food pantry distribution has ended. By
Organization / Affiliation (optional)	Email
Home Address (Street, City, State, Zip)	Phone Number
Signature	Date
Parent/Guardian Acknowledgement (For volunteers	under 18 years old)
I, as the herby acknowledgement the volunteer agreement volunteer must be accompanied by an adult chape opportunity. It is my responsibility to ensure that a chape of the companies of th	as stated above. I understand that the above crone during the entirety of the event or voluntee
Parent / Guardian Signature	Date
☐ Send me UWSECT updates via e-newsletter ☐	Contact me about other volunteer opportunities