



Cranston Senior Enrichment Center

1070 Cranston Street, Cranston, RI 02920

Phone: 401-780-6000

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Web address: www.cranstonri.com

2015 CRANSTON SENIOR ENRICHMENT CENTER VOLUNTEER SERVICES AGREEMENT

As a volunteer I agree to:

- abide by and support the philosophy, policies, and guidelines of the Cranston Department of Senior Services
- act in the best interests of the Cranston Department of Senior Services
- maintain confidentiality
- abide by safety, health and risk management requirements
- carry out tasks as outlined in the Center Volunteer Placement Description. I accepted the role of : _____ in the _____ Division.

I understand I will report for duty on:

Day (s) _____

Time: From _____ to _____

And will inform _____

At phone _____ /email _____ if I am not available.

- participate in orientation, meetings, trainings and evaluations
- maintain a record of my volunteer hours
- raise any matters of concern with my supervisor

The Cranston Department of Senior Services agrees to:

- provide information about the programs and initiatives at the Center
- provide orientation, support, training and supervision
- provide a safe working environment
- provide opportunities for input into the organizational plan and evaluation
- acknowledge and recognize the contribution of volunteers to the organization

Volunteer's name _____

Volunteer's signature _____ Date _____

Volunteer Director's name _____

Volunteer Director's signature _____ Date _____

Volunteer Supervisor's name _____

Volunteer Supervisor's signature _____ Date _____