

FROM:

SUBJECT: Volunteer Agreement

DATE:

This is to confirm your service as a volunteer in the eight week Math Night series. In order to volunteer in the mini-course you are also expected to participate in the volunteer training program DATE AND LOCATION. You will be expected to be punctual and professional at all times while serving as a volunteer. If serving on-site, you must pass a background check before the first session.

Your service for the Math Nights may be terminated at any time prior to the program end date, without notice. As a volunteer, you are not considered an employee of the INSTITUTION.

As a Math Night volunteer you will be performing the duties such as:

• Supporting K-8 children and/or parents, and/or teachers with math related hands-on activities

• Providing childcare services for children in 3rd grade and lower

• Providing refreshments to attendees and assist with setup/cleanup tasks

• Assisting with recruitment of participants

• Assisting with soliciting food donations

**Please circle your preferred volunteer duties above.**

This position carries no remuneration and you are not eligible for any benefits (i.e. health insurance, worker’s compensation, etc.) other than those specifically set forth within this letter.

Since volunteers are not covered by the State's worker compensation program or health insurance, you are advised to maintain your own health and accident insurance.

I will be pleased if you accept this appointment as a volunteer and make your expertise to our project under the conditions outlined. If you accept this appointment, please sign both copies of this letter and return one copy to me.

Sincerely, MATH NIGHT COORDINATOR

I HAVE REVIEWED, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS RELATED TO MY SERVICE AS A VOLUNTEER, WHICH ARE DESCRIBED IN THIS LETTER.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to LOCATION.