



**COUNTY OF HENRICO  
DEPARTMENT OF HUMAN RESOURCES  
VOLUNTEER SERVICES PROGRAM  
*Volunteer Letter of Agreement***

I \_\_\_\_\_ (VOLUNTEER) accept this assignment to volunteer on behalf of the Henrico County Volunteer Services Program in the following department(s) or program(s):

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

I will participate in my volunteer orientation/training in my assigned department:

DATE	TIME	LOCATION
------	------	----------

I will volunteer FROM: \_\_\_\_\_ TO: \_\_\_\_\_ Days / Weeks / Months  
(DATE) (DATE)

- I understand that I am a VALUABLE addition to Henrico County.
- I am responsible for letting my supervisor know when I intend to work.
- I understand that my supervisor should arrange for me to have work at that time.
- I understand that if my work is not ready, we may reschedule my hours at another time which is mutually agreeable to both of us.
- I understand that my supervisor should be notified if I need to change my schedule.
- I understand that beyond my specified duties, I serve as an ambassador on behalf of the Henrico County Department where I volunteer.

In case of emergency, please contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

In an emergency, please help me in the following way: \_\_\_\_\_

\_\_\_\_\_  
Signature of VOLUNTEER (Required)

\_\_\_\_\_  
Signature of Supervisor (Required)

\_\_\_\_\_  
Signature of Parent/Guardian  
(Required if volunteer under 18)

\_\_\_\_\_  
Date (Required)

*A copy of this form should be kept by the Department Volunteer Coordinator.*