

The S.T.A.R.S. LEADERSHIP FOUNDATION

VOLUNTEER AGREEMENT

Name _____ Telephone # ____ - ____ - _____

Address _____ Town _____ Zip _____

Are you 18 years of age or older? Circle one: YES NO

IF UNDER AGE 18, PARENT OR GUARDIAN MUST SIGN BELOW

Description of volunteer services to be performed and where:

Date Started:

Day(s) Volunteered:

Emergency Contact: _____ Phone # _____

I understand and agree that:

If I am accepted as a participant in a charitable program to perform the volunteer services described above for the S.T.A.R.S. Leadership Foundation, I will not be entitled to any compensation for my services.

I understand and agree that no particular schedule or hours of service are guaranteed for the volunteer work I will perform for the S.T.A.R.S. Leadership Foundation.

Volunteer Name - Printed

Date

IF YOU ARE NOT 18 YEARS OF AGE OR OLDER, YOUR PARENT OR GUARDIAN MUST COMPLETE THE FOLLOWING STATEMENT AND SIGN IT.

I have read the Volunteer Service Agreement and confirm that _____
_____ has my permission to participate as a volunteer in the program as described for the S.T.A.R.S. Leadership Foundation.

(Parent or Guardian)

Date

OFFICE: 678-467-0136 | **FAX:** 678-917-3077
VISIT: WWW.STARSLEADERSHIP.COM | **E-MAIL:** INFO@STARSLEADERSHIP.COM