



Volunteer Agreement

We appreciate your commitment to volunteer with us! The mission of Reality Check is to:

Reduce drug and alcohol use, addiction, and overdose, and the related costs to individuals and families, using prevention, treatment, recovery, and training services.

We hope your volunteer experience is meaningful and rewarding. This agreement outlines our commitment to you and your commitment to us as a volunteer. Reality Check is committed to:

- Giving you a great personal and professional growth experience.
- Being responsive to unexpected changes in your volunteering schedule.
- Providing support throughout your volunteer experience.
- Explain and encourage you to maintain the ethical and professional standards we hold.
- Providing staff to oversee your volunteerism who will be your primary contact.
- Exploring volunteer skills to ensure you enjoy your role with us.
- Honoring your time commitment ensuring you are not given too much to do.
- Providing sufficient training to be an effective, safe, and knowledgeable volunteer.
- Reimbursing out-of-pocket expenses with approval (*see Expenses Policy*).
- Ensuring you are treated fairly, equally, and respectfully at all times.
- Fairly resolving issues before they become problems. In the event of an unresolved problem, you can discuss it with your primary staff contact.
- Follow up on any feedback or questions you may have about your volunteerism.

I, _____ agree and commit to the following:

- Complete 2 hours of volunteering for every day of training paid for by Reality Check
- Perform my volunteering role to the best of my ability, ethically and respectfully.
- Follow Reality Check policies and procedures.
- Familiarize myself and ask if I'm not sure about what to do to stay safe during volunteering.
- Maintain the confidential information of Reality Check and any sensitive information.
- When I'm unable to meet at an agreed time, to let my staff person know as soon as possible.
- Track my volunteer hours in the Volunteer Log.

Signed: _____ Date: _____

Agency Signature: _____ Date: _____