

## VOLUNTEER AGREEMENT

1. Will hand in completed "Volunteer Application".
2. Agree to Mission Statement, Statement of Faith, Commitment of Care.
3. Agree to CONFIDENTIALITY of client information. I will not disclose at any time and information or data concerning business or clients of Life Choice Pregnancy Services of WNC that has been disclosed to or acquired by me in confidence.
4. I understand that any breach of confidentiality as outlined in #3, can be cause for my immediate dismissal as a volunteer at either Life Choice center or on the Mobile Medical Unit provided by Life Choice Pregnancy Center

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Signature

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Date

With God's help and to the best of my ability, I agree to adhere to the following:

\*\*\*\*\* I will be responsible for signing in and out on volunteer time sheet in notebook.

\*\*\*\*\* If possible, I will call 24 hours ahead of time when I cannot meet my scheduled time to work.

\*\*\*\*\* I will attend Orientation Class and MMU Training, if applicable.

\*\*\*\*\* I will attend other training sessions that may pertain to my specific duties at the center, if provided.

\*\*\*\*\* As possible, I will attend volunteer meetings.

\*\*\*\*\* If working directly with clients, I will update knowledge as much as possible by;

Attending any advanced training opportunities that may be provided.

Reading the volunteer training manual, educational materials, brochures for clients and

Other books provided by the center.

Any problems, concerns, complaints or questions can be immediately addressed with the Executive Director at Life Choice Center (828-623-8884)

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Signature

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Date

We appreciate you so very much and want your service to God and others to be a joyful and rewarding experience. Thank you!