County of Union – Office of Community Engagement and Diversity

Group Volunteer Agreement

Group Name

This **AGREEMENT** made on this _____ day of _____ , 20_____ between _____(group name) and the County of Union, Department of Economic Development ("County"), with offices at Union County Administration Building, 10 Elizabethtown Plaza, Elizabeth, New Jersey 07207.

WHEREAS, the Volunteer intends to donate his/her services to the Union County Helping Hands Program by performing various tasks including, but not limited to, helping in soup kitchens, making sandwiches for the homeless, gardening, participating in schools as readers, visiting nursing homes and hospice centers. The County will be coordinating the Volunteer and assigning the Volunteer to the various tasks.

NOW, THEREFORE, in consideration of the mutual promises, the parties hereto agree as follow:

1. It is mutually and expressly understood that the Volunteer's services shall be donated, and that Volunteer is not entitled to nor expects any present or future salary, wages, or other benefits whatsoever for these voluntary services.
2. Volunteer agrees to follow the supervision and direction of any personnel, employee, or volunteer, to whom Volunteer has been assigned to perform services.
3. Volunteer agrees that he/she will not be considered an employee of the County and nothing contained herein shall be interpreted to establish an employer/employee relationship.
4. VOLUNTEER ACKNOWLEDGES AND ACCEPTS RESPONSIBILITY FOR HIS/HER OWN ACTS AND AGREES TO RELEASE, INDEMNIFY AND HOLD HARMLESS THE COUNTY, ITS BOARD OF CHOSEN FREEHOLDERS, OFFICERS, EMPLOYEES, AGENTS AND/OR REPRESENTATIVES SHOULD HIS/HER CONDUCT LEAD TO THE PERSONAL INJURY, INCLUDING DEATH, AND/OR THE DAMAGE TO OR LOSS OF PROPERTY THAT MAY OCCUR WHILE VOLUNTEER IS ON COUNTY PREMISES OR OTHERWISE ENGAGING IN VOLUNTEER ACTIVITIES CONTEMPLATED BY THIS AGREEMENT. I UNDERSTAND AND AGREE THAT THIS RELEASE IS TO BE BINDING ON MY HEIRS AND ASSIGNS.
5. This Agreement is terminable upon immediate notice by the County without cause.
6. This Agreement represents the entire agreement with respect to the Volunteer's services and supersedes all other oral, written, expressed or implied communications, agreements and/or understandings relating to the Volunteer's services with the County.

Full Name	Address	Signature	*If Minor (under 18 years old)*	
			Parent's Name	**Parent's Signature**