VOLUNTEER SERVICES ACKNOWLEDGEMENT

This Volunteer Services Acknowledgement is between the Macatawa Area Express ("MAX") Transportation Authority and __________________________ [name of volunteer or volunteer group] ___________________________________ (the “Volunteer”). This Acknowledgement specifies the relationship between the Volunteer and the MAX and states as follows:

1. Volunteer will donate services to charity in the capacity of __________________________ [TITLE].

The function, tasks and responsibilities of this volunteer position is defined in the Volunteer Position Description, which was provided to the Volunteer.

2. It is mutually and expressly understood that the volunteer’s services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages, or other financial benefits for their services.

3. Volunteer agrees to follow the supervision and direction of Authority personnel or to whomever the volunteer has been assigned to perform services, and to participate in any training required by the charity in order to perform the voluntary services.

4. Volunteer authorizes the Authority to conduct a criminal background check, and authorizes local government and law enforcement agencies to release and disclose to the Authority findings relating to the Volunteer’s criminal background.

5. Volunteer affirms that he/she is 18 years or older, of sound mind, and has the right to consent in his/her own name or that a legal guardian shall provide consent for participation by a minor under 18 years.

6. Volunteers acknowledge that they are only permitted to perform services, tasks or functions that are approved in writing by the Authority and that they are acting for or on behalf of the Authority.

7. Volunteers agree to commit to a minimum of 12 months (1 year) to service or as specified here: ____________________________________________

8. Volunteers agree that they shall not directly or indirectly disclose, release or communicate Confidential Information. Confidential Information is defined as any and all information concerning the transit operations of the MAX, its manner of operation, its plans, procedures, and data, including but not limited to customer and financial information.

9. Volunteers shall abide by all Authority policies and procedures, including but not limited to the Authority’s Workplace Safety Policy, that are applicable to them during their service with the Authority or face possible dismissal. Volunteers acknowledge receiving and reviewing all of MAX’s policies and procedures.

10. Volunteers are required to wear/display their photo identification badge at all times while performing services for the Authority.
11. Volunteers agree to participate in all orientation and training provided by the Authority as necessary for them to perform their volunteer services.

12. Volunteers agree to immediately report any injury that occurs during their volunteer service.

13. Volunteers understand that their service with the Authority is voluntary and may be terminated at any time by any reason by either party, and that a minimum of ten (10) days notice will be given by the volunteer prior to resignation.

14. Volunteers are prohibited from taking any action, or making any statements that might affect or obligate the Authority without prior approval from the appropriate manager or their supervisor. Actions may include, but are not limited to, making public statements to news media, coalition or lobbying efforts with any other organization, donating goods or services, or making any agreements involving contractual or financial obligations.

15. Volunteers agree to accurately and truthfully document and record their hours of service and provide that information as specified by their supervisor.

I understand that my volunteer assignment with the Authority will begin ______________________ and end ______________________; and that I will donate approximately _______ hours per ______________ providing volunteer services.

EMERGENCY CONTACT INFORMATION:

Name: _____________________________________________

____________________

Relationship: _____________________________________________

____________________

Phone: (__)______________________________ Alternate

Phone: (__)______________________________

VOLUNTEER APPROVAL AND CONSENT:

Signature of Volunteer: ___________________________ Date: _________________

Parent/Guardian's Consent Signature (If volunteer is less than 18 years)

Name of Guardian: ___________________________ Date: _________________

Guardian Signature: ___________________________

-------------------------------------

AUTHORITY USE ONLY BELOW-------------------------------------

Assigned Supervisor: ___________________________ Department: ___________________________

Supervisor's Signature: ___________________________ Date: _________________

Volunteer's Title: ___________________________ Hours/Week: ___________________________
Start Date: ____________________________ Renewal/End Date: ____________________________

Background Check Status: Pending ☐ Approved ☐ Date of Check: ____________________________

R:\PHM\MAX-Use of Volunteers Policy\Volunteer Agreement-REVISED100527.doc