

**Diocese of Sacramento - School Volunteer Agreement Form**

By signing this form, I \_\_\_\_\_, acknowledge that I have  
(name)  
chosen to volunteer at \_\_\_\_\_, as a:  
(School)

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(state position/s)

I understand and acknowledge that my services in this regard are being donated by me to the Diocese of Sacramento without contemplation of compensation or future employment, and that I provide these services for religious, charitable, or humanitarian reasons.

I understand that as a volunteer I will earn no wages or benefits in connection with the volunteer services I wish to provide. I further understand that I will not be entitled to unemployment insurance benefits upon the termination of my volunteer services (regardless of whether such termination is initiated by me or by the Diocese), nor will I be covered under the Diocese's worker's compensation insurance in the event of injury incurred during the rendering of the volunteer services I will provide.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

Copy to Volunteer

Copy for School