$\underline{NAPAfASA}$ * Volunteer Agreement

Name:	
Address:	
City:	State: Zip:
Phone: Email: _	Pacific
Employer/School:	Position/Grade Level:
Please mark an X or V for the areas you are interest	ed in volunteering:
Administration	Community Outreach (in-person)
Event Planning	Content Creation & Social Media
Event Chaperone	🖸 Fundraising
Language Translation	🗆 Deliveries
Please specify language(s):	🗆 Guest Lecturer or Meeting Facilitator 🦯
	Other:

For each day, please write the approximate times you will be available to volunteer your services:

SUN		MON	TUES	WED	THURS	FRI	SAT
AM		AM	AM	AM	AM	AM	AM
PM	1	PM-	PM	PM	PM	PM	PM

Do you have accessibility requirements (*dietary*, *wheelchair*, *language*, *auditory*, *visual*, *trained* service *animal*, *etc*.) we should prepare for?

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Emergency/Guardian Contact AND Relationship to Vo	olunteer (required for minors):
Email Address:	Phone:

As a volunteer of NAPAFASA, I agree to abide by the policies and procedures, including adherence to all confidentiality or privacy policies, set forth by the organization. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward. Lastly, I understand that NAPAFASA may revoke my status as a volunteer at any time and for any reason, and all inquiries about my termination may be directed to opportunies@napafasa.org.

Signature:			Date:	_ Date:		
Guardian Signature (required for n	ninc	ors):				
1500 W. Alhambra Road, Suite #4	*	Alhambra, CA 91801	*	(833) 568-2639	*	www.napafasa.org