Lake Eola Charter School
Volunteer Agreement

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you both of our deep appreciation for your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

I.   Lake Eola Charter School

We, Lake Eola Charter School, agree to accept the services of,

_____,

beginning_____, and we commit to the following:

1. To provide adequate information and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on their performance as necessary.
3. To respect the skills, dignity, and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
4. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat the volunteer as a partner with school staff, jointly responsible for the accomplishment of the Lake Eola Charter School mission.

II.   Volunteer

I/we, _____,

agree to serve as a volunteer and commit to the following:

1. To perform my/our volunteer duties to the best of my/our ability.
2. To adhere to Lake Eola Charter School rules and procedures, including recordkeeping requirements and confidentiality of student and school information.
3. To meet time and duty commitment, or to provide adequate notice so that alternate arrangements can be made.
4. To act at all times as a member of the team responsible for accomplishing the mission of Lake Eola Charter School.
5. I/we acknowledge receipt of the Lake Eola Charter School Volunteer Program Manual and I/we understand that it is my/our responsibility to read and comply with the policies contained in this handbook and any revisions made to it.

III.   Agreed to:

_____   _____
Volunteer Signature   **Date**

_____   _____
Volunteer Signature   **Date**

_____   _____
LECS Representative Signature   **Date**