

**FOUR WINDS COMMUNITY VOLUNTARY SERVICE PROGRAM
VOLUNTEER COWORKER CONTRACT**

Name _____ Date of Birth _____ / _____ / _____
(Name of Applicant – Please Print) *(Month)* *(Day)* *(Year)*

1. By signing this contract, I hereby promise to be a volunteer coworker at Four Winds Community.
2. I have read, understood, and will comply with the Four Winds Community Voluntary Service Program Volunteer Coworker Description while being a volunteer coworker at Four Winds Community, Temple and Wilton, NH. This contract is binding to any and all updates or periodic modifications to the Four Winds Community Voluntary Service Program Volunteer Coworker Description.
3. I agree to conduct my personal life in accordance with the needs of the Four Winds Community residents and Four Winds Community Authorized Staff.
4. I agree to follow guidance and direction from Four Winds Community Authorized Staff.
5. I agree not to use alcohol, tobacco, or drugs on, or in, any Four Winds Community property.
6. I agree to reimburse Four Winds Community for all telephone calls I make over \$15.00 per month.
7. I agree to follow all Four Winds Community driving policies and guidelines.
8. I agree to reimburse Four Winds Community 50¢ per mile for any personal driving I do over 100 miles per day. If I have use of a car during vacation, I will reimburse Four Winds Community 50¢ per mile for any personal driving I do over 100 miles.
9. I agree to perform my volunteer services in an attentive, careful, and safe way.
10. I agree that I shall have no unauthorized absences, that I shall not be insubordinate, and that the quality of my volunteer services shall at all times be to the benefit of the Four Winds Community residents and the community at large.
11. I certify that I have never had a felony (serious) conviction and that I have never pled guilty to, or have ever been found guilty of, abuse, neglect, or exploitation of any person.

I understand that if I do not comply with this agreement I shall receive a written warning and have two weeks to remedy my actions to the satisfaction of Four Winds Community Authorized Staff, and that if I do not do so my volunteer coworker position may be terminated.

I hereby certify that all attachments and facts contained in my application are true and complete, and that falsified information or statements shall be grounds for dismissal.

Signature of Applicant
(Four Winds Community Volunteer Coworker)

Signature of Paul Martin
(Four Winds Community President)

Date: _____ / _____ / _____
(Month) *(Day)* *(Year)*

Date: _____ / _____ / _____
(Month) *(Day)* *(Year)*