



JACKSONVILLE AREA

HOMESCHOOL CONNECTION

Parent Volunteer Agreement Form

Volunteers are an important and valued part of Jacksonville Area Homeschool Connection. We hope that you enjoy working with us and feel a full part of our team. This agreement tells you what you can expect from us, and what we hope from you. We aim to be flexible, so please let us know if you would like to make any changes and we will do our best to accommodate them.

We, **JACKSONVILLE AREA HOMESCHOOL CONNECTION (JAHC)**, will do our best to:

- Introduce you to how our group works and your family’s role in it.
- Respect your skills, dignity and individual wishes and to do our best to meet them
- Keep you informed of possible changes within this homeschool community

I _____, agree to:

- Fulfill my volunteer role to the best of my ability and function within that activity
- Keep confidential any of the groups information unless specifically told that information is for the public domain.
- To be punctual in attending volunteer meetings and to inform my point of contact as soon as possible if unable to attend a meeting or fulfill my assigned role.
- To appreciate and protect the mission of Jacksonville Area Homeschool Connect mission and vision.
- That there is nothing in my background or history that would constitute a liability for JACKSONVILLE AREA HOMESCHOOL CONNECTION, damage its reputation or endanger its staff, and all parent and families associated with JAHC.
- I will volunteer a minimum of two (2) social events.

There are several options for volunteering, and different ways you can assist.

- | | | |
|----------------|----------------|----------------|
| ✓ Set up | ✓ Registration | ✓ Financial |
| ✓ Clean up | ✓ Photography | ✓ Contribution |
| ✓ Prop design | ✓ Chaperoning | ✓ Fund raising |
| ✓ Ticket sales | | |

**If your family situation compromises your ability to contribute in any way, please check the box on your registration indicating you have extenuating circumstances and explain your situation in the notes. A planning member will contact you to determine how we can work with you to satisfy your Parent Participation requirement. **

Signed: _____ Volunteer

Signed: _____ on behalf of JAHC

Date: _____

Review date: _____