



Volunteer Contract

Name	Volunteer Position:
Duties:	
Start Date:	End Date:
Schedule (Days)	Hours Per Week:
Staff Mentor/Supervisor:	
Mentoring/Supervision Meeting Schedule:	
Volunteer's Goals and criteria for success:	
<ol style="list-style-type: none"> 1. 2. 3. 	
How Restorative Resources will support volunteer's success:	
<ol style="list-style-type: none"> 1. 2. 3. 	

Requirements and Agreements:

Item	Required	Completed (Date)	Verified by
Auto Insurance	<input type="checkbox"/>		
Fingerprinting	<input type="checkbox"/>		
References Checked	<input type="checkbox"/>		
Confidentiality Statement	<input type="checkbox"/>		

The undersigned hereby agree to the terms and conditions of this volunteer contract:

Volunteer	Date
Staff Supervisor/Mentor	Date
Executive Director	Date