



## Volunteer/Intern Agreement

I understand that during my visits to (program name) \_\_\_\_\_, performing a brief community service or internship, that it is my responsibility to ensure that I am not alone with clients. This is for my own protection, as well as to meet the state requirements. If I have any questions or concerns, I will bring them to the attention of the program's volunteer supervisor or director.

List additional agreements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Volunteer/Intern's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program's Volunteer Supervisor's Signature

\_\_\_\_\_  
Date

Please send a copy of this document to Heather DePalma, Director of Volunteer and Intern Services, 99 South Main Street, Fall River, MA 02721 or fax to 508-828-9017.