



**No Limits Limb Loss Foundation** | 265 Centre Rd. Wales, Maine, 04280

campnolimits@yahoo.com

207.240.5762 | www.nolimitsfoundation.org

## Volunteer Agreement

As a volunteer appointed by Camp No Limits, I agree to adhere to a Code of Conduct during my time as follows:

1. To provide my time and efforts as a volunteer in the best interest of Camp No Limits
2. To place compassion and commitment above all else and to promote Camp No Limits positively, including wearing CNL t-shirts when possible
3. To comply with all written policies and guidelines that has been provided relevant to my volunteer efforts. **I have read and understand the information provided in Staff & Volunteer Handbook.**
4. To not use my position as a volunteer to grant special privileges to any person or group, and to avoid all other conflicts of interest, which may arise from my position as a volunteer
5. To not use my position as a volunteer for business or personal benefit or gain
6. To not distribute freebies, pamphlets, merchandise, or other information relevant to outside organizations unless approved by camp administration prior to camp.
6. To not conduct myself or give advice outside of my scope of practice and qualifications
7. To avoid behaviour that is inappropriate or considered sexual harassment with other volunteers, staff or family members. See *Staff & Volunteer Handbook* for full Sexual Harassment policy.
8. To participate in all camp activities and follow designated roles as outlined on volunteer role chart.
9. To refrain from use of illegal drugs and alcohol consumption and abide by host facility smoking policy and rules.

**I understand that if I do not follow the rules set forth, I may be asked to leave camp.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Confidentiality Agreement

1. I agree that any written information that has been disclosed to me as “confidential” during my time as a volunteer will remain in the strictest confidence.
2. I agree not to publicize any of the confidential aspects of my work orally or by written word or any other medium of communication.
3. I agree to exercise due care to ensure that any information I’ve received or conversations I’ve had as a volunteer (staff to volunteer or volunteer to volunteer) will be given only to persons I believe are entitled to receive such information or I’ve been asked to share with certain others.

**I confirm that I have read the above statements and understand and agree with them. I will adhere to all confidential requirements contained in this agreement or as otherwise directed to me in writing by Camp No Limits.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

C A M P N O L I M I T S

Education and empowering young people with limb loss to discover and develop a healthy, happy and independent lifestyle.