

SHERBURNE COUNTY JAIL

VOLUNTEER AGREEMENT

I have read and understand the rules and conditions contained in the Sherburne County Volunteer Handbook, and I have received a copy of it. Furthermore, a jail programmer has answered any questions I may have in regard to it. I understand and agree that any violation of the rules may result in the suspension or termination of my volunteering services at the Sherburne County Jail. I am aware of the nature of this institution, and I will take every caution in the performance of my duties. I will not hold the institution responsible for circumstances beyond reasonable control.

Printed Name _____

First

Middle

Last

Volunteer's Signature _____

Date _____