VOLUNTEER AGREEMENT

I (print) _____ agree to participate as a Volunteer through the American Civil Liberties Union of Indiana (ACLU-IN).

Please contact me by phone at (_____) _____ and/or

By e-mail _____

By regular mail: _____

_____

I have the time & skills to volunteer in the following capacity: Full-time Part-time On-Call – (given 48-hours notice.) ***Please circle amount of time preferred.***

☐ Legal Department ☐ Telephone ☐ Reception ☐ General Clerical ☐ Website Admin ☐ Other:

Please explain: _____

Have you had experience working or volunteering in this area? ☐ Yes ☐ No but willing to learn.

I am available on the following days and have listed the times that I can commit to the ACLU-IN.

☐ Monday _____ ☐ Tuesday _____ ☐ Wednesday _____

☐ Thursday _____ ☐ Friday _____ ☐ Special Events _____

I have attended or will attend the ACLU-IN volunteer training as required. I understand that ACLU-IN is neither responsible for my safety nor my actions.

I agree that ACLU-IN will not be bound to defend me in the event of arrest nor will ACLU-IN be bound to indemnify me in any way.

I understand that as an ACLU Volunteer I will maintain neutrality and confidentiality when observing and documenting events and I will protect the Constitution of the United States and Bill of Rights of **ALL** people.

Date: ____/____/_____ Volunteer's Signature _____/_____

Witness