



## Consent to Receive Volunteer Services

Providing essential services since 1978

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I, \_\_\_\_\_, would like to use volunteer services from the Community Partnership on Aging for the following project(s). (Each separate project or service should be listed):

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My signature below affirms that I have read and agree to the following terms:

- The Volunteer Coordinator or her designee will contact me directly to work out all arrangements for the work including any appointments that may need to be scheduled before or during the service.
- I understand the Volunteer Coordinator, project volunteers, or other Community Partnership on Aging representative(s) may need to meet with me and/or see the area where the project or service will be performed in order to fully understand the nature of the work or service.
- I understand that I may be required to provide supplies or materials, or complete other preparatory work, in order for the project(s) to be completed and that I will be advised of any required purchases prior to scheduling the project(s). The supplies must be made available at least five days prior to the proposed work date. If I am unable to supply the necessary supplies or materials, the work may not be completed until the time the supplies or materials become available and the preparatory work is complete.
- I acknowledge that the services I receive through the Community Partnership on Aging are volunteer services and that some, or all, of the labor is being provided at no cost to me by volunteers who may not be formally trained in the area of the service they are providing. I release the Community Partnership on Aging and the volunteer(s) from any and all risk and/or damages that may be incurred as a result of the work or service being performed.
- I understand that both children and adults are used to provide services and that I will be informed of what type of group will be performing the service prior to service delivery. I will treat each volunteer with respect and report any problems to the CPA Volunteer Coordinator or the Director.
- I understand that no information about me will be given to the volunteer(s) other than what is necessary for them to complete the work that I have requested unless I give permission for other information to be disclosed.
- I acknowledge that CPA has the right to cancel or discontinue a project or service at any time for any reason.
- For projects involving only work on the exterior of my home, I understand that the volunteers will not enter my home for any reason without my permission.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*form to be signed prior to scheduling interior projects or external violation or painting projects

1370 Victory Drive, South Euclid, OH 44121  
216-291-3902 ■ FAX 216-291-0773 ■ [www.communitypartnershiponaging.org](http://www.communitypartnershiponaging.org)