

**Tuscarawas County Board of Developmental Disabilities
VOLUNTEER ACKNOWLEDGMENT FORM**

This is to acknowledge that the following person desires to volunteer his/her services to Tuscarawas County Board of Developmental Disabilities (TuscBDD) for no compensation.

As a volunteer, I agree to abide by all applicable rules and regulations of TuscBDD and to fulfill the volunteer responsibilities to the best of my ability. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that TuscBDD may terminate this agreement at any time without prior notice. I consent to TuscBDD conducting an online background check. **I also understand that I am not a TuscBDD employee; therefore, I will not be covered by health insurance, workers' compensation coverage, or other employee benefits.**

Volunteer's Signature & Date: _____

Volunteer's Printed Name: _____

Supervisor Name: _____

Complete if volunteer is under 18 years of age:

As the parent/guardian of _____, I grant my permission for him/her to participate as an unpaid volunteer for Tuscarawas County Board of Developmental Disabilities.

Parent/Guardian Signature & Date: _____

Parent/Guardian Printed Name: _____