

## Community Service Agreement

This Agreement, made on \_\_\_\_\_ [Date] by and between Goodwill Industries, Inc., hereinafter referred to as “Goodwill Omaha”, and \_\_\_\_\_ [PARTICIPANT’S NAME], \_\_\_\_\_ [SSN], \_\_\_\_\_ [DOB], hereinafter referred to as “the participant.”

WITNESSETH:

Whereas, the community service participant intends to donate services to Goodwill Omaha, and Goodwill Omaha intends to accept the donation of volunteer community services.

NOW THEREFORE, in consideration of the mutual promises, the parties hereto agree as follows:

1. The participant agrees to donate services to Goodwill Omaha in the capacity of \_\_\_\_\_ [TITLE OR POSITION]. Said services shall include, but may not be limited to, the following (see attached sheet, if necessary):

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2. It is mutually and expressly understood that community service time/services shall be donated, and that the participant is not entitled to nor expects any present or future salary, wages, or other benefits for these voluntary services. \_\_\_\_\_ [PARTICIPANT’S INITIALS]

3. The participant agrees to follow the supervision and direction of any personnel, employee, or volunteer, to whom they have been assigned to perform services, and to participate in any training required by Goodwill Omaha in order to perform the voluntary services. \_\_\_\_\_ [PARTICIPANT’S INITIALS]

4. The participant agrees that they will not be considered to be an employee of Goodwill Omaha, for any purposes other than tort claims and injury compensation, while performing the above described community service. \_\_\_\_\_ [PARTICIPANT’S INITIALS]

5. The participant further understands that if the participant is responsible for injuries to third parties or damages to property while acting outside the scope of assigned community service duties, then said participant may be held personally liable for any monetary damages a court may award to the injured party. \_\_\_\_\_ [PARTICIPANT’S INITIALS]

6. It is further understood and agreed to by the participant that the services rendered to Goodwill Omaha shall apply only in the case of liability arising out of the ordinary negligence that occurs during the scope of the participant’s services agreed to herein, and that in no way do any of these provisions apply for the benefit

of the participant, their heirs, executors or administrators in any action arising out of gross negligence, willful misconduct, or any other conduct on the part of said participant, which cause or may give rise to criminal liability. \_\_\_\_\_ [PARTICIPANT'S INITIALS]

7. The participant agrees that they will fully cooperate with Goodwill Omaha and its agents in any investigation, lawsuit, arbitration, or any other legal or quasi-legal proceedings that arise from the matters covered by this agreement. The participant further agrees to notify Goodwill Omaha immediately of any incident that occurs or may occur within the knowledge of the participant, which gives rise to liability on the part of the volunteer of the charity. \_\_\_\_\_ [PARTICIPANT'S INITIALS]

8. I understand that my volunteer assignment will begin on \_\_\_\_\_ [DATE] and end on \_\_\_\_\_ [DATE]; and that I will spend approximately \_\_\_\_\_ hours per \_\_\_\_\_ [DAY, WEEK, MONTH] providing volunteer services. I also understand that my community service assignment may be terminated at any time by either party to this agreement. \_\_\_\_\_ [PARTICIPANT'S INITIALS]

9. IN CASE OF EMERGENCY, please contact \_\_\_\_\_ [NAME] at \_\_\_\_\_ [TELEPHONE NUMBER].

_____	_____
PARTICIPANT OR PARENT/GUARDIAN SIGNATURE	DATE
_____	_____
SIGNATURE OF EMPLOYMENT SOLUTIONS SPECIALIST	DATE

Once you've completed this form, download/save it and email it as an attachment to Sarah Alba at [salba@goodwillomaha.org](mailto:salba@goodwillomaha.org).

TO BE COMPLETED AT END OF COMMUNITY SERVICE BY SUPERVISOR/MANAGER:			
<b>Community Service Time Donated:</b>			
_____ Years	_____ Weeks	_____ Days	_____ Hours
<b>Signature of Community Service Participant:</b>			<b>Termination Date:</b>
_____			_____
<b>Print or Type Name of Supervisor:</b>			
_____			
<b>Signature of Authorized Supervisor:</b>			<b>Date:</b>
_____			_____