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## Alameda County Social Services Agency COMMUNITY AMBASSADOR AGREEMENT

This agreement is intended to indicate the importance of Community Ambassadors and their contributions to the Social Services Agency and to reinforce the commitment of both parties to achieving a meaningful and rewarding experience.

The Social Services Agency agrees to accept volunteer services of \_\_\_\_\_  
(Community Ambassador) beginning \_\_\_\_\_, and commits to the following:

1. To provide adequate orientation and training for the Community Ambassador based on the responsibilities of the position.
2. To review County safety guidelines with the Community Ambassador and provide a safe environment in which to work.
3. To arrange for the Community Ambassador supervisory support and performance feedback.
4. To be receptive to comments from the Community Ambassador regarding ways in which tasks may be accomplished more effectively.
5. To respect the Community Ambassador and value his/her contributions to SSA's mission and goals.

I, \_\_\_\_\_, agree to serve as a Community Ambassador and commit to the following:

1. To strictly adhere to all department and volunteer program policies and procedures and safety standards.
2. To complete tasks and assignments to the best of my ability.
3. To maintain the confidentiality of SSA clients and department information.
4. To meet agreed upon commitments or provide adequate notice of any inability to do so, in order that alternative arrangements can be made by Department Supervisory Staff.

I have been informed against and accept responsibility for any breach of confidentiality. I waive any claim on my behalf and on behalf of my heirs, representatives, and assigns against the County of Alameda or any of its agents, servants or employees for illness, injury, debts or other harm arising from my volunteer services, whether or not authorized, above and beyond any medical benefits provided by the County, excepting when caused by the sole negligence of the County.

***This agreement may be canceled in writing at any time by either party.***

Community Ambassador Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SSA Staff Representative: \_\_\_\_\_ Date: \_\_\_\_\_