



Volunteer Understanding

We are pleased that you have decided to volunteer your services to North Dakota Senior Medicare Patrol project (SMP) under North Dakota Center for Persons with Disabilities (NDCPD) on the campus of Minot State University.

Also, please accept our sincere thanks for your valuable contribution.

1. I agree that as a SMP volunteer my participation in the activities outlined below is without compensation. These activities may include:
 - Office/clerical
 - Community Events (booth)
 - Group training (presentation)
 - One-On-One sessions with beneficiary and families
 - Information dissemination

If you have a preference please indicate: _____

2. I understand that SMP shall have the right to release me as a volunteer without prior notice. I understand that I do not have a formal work appointment for those particular services.
3. I understand that as a volunteer, SMP, NDCPD, nor Minot State University does not provide me with accident or medical insurance, and is therefore not responsible for any accident or medical expenses incurred by me. Further, I understand that I am neither covered by Workers' Compensation nor entitled to employee benefits as a result of my volunteer affiliation.

_____	_____	
Volunteer	Start Date	

Home Address	City, State	Zip Code

Home Phone	Cell Phone	Email

Regional Volunteer Coordinator	Date	