



www.lymewarrior.us ◇ info@lymewarrior.us

Volunteer Agreement

Name: _____ Email: _____

Please check all areas that you are interested in volunteering with:

<input type="checkbox"/> Writing	<input type="checkbox"/> Campaigns	<input type="checkbox"/> Other
<input type="checkbox"/> Research	<input type="checkbox"/> Graphic Design	Please Describe:
<input type="checkbox"/> Outreach	<input type="checkbox"/> Web Design/IT	_____
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Social Media	_____
<input type="checkbox"/> Product Design	<input type="checkbox"/> Education	_____

What level of involvement are you willing to commit?:

<input type="checkbox"/> Sporadic (1-2 hours/week)	<input type="checkbox"/> Half Time (10-20 hours/week)
<input type="checkbox"/> Occasional (2-5 hours/week)	<input type="checkbox"/> Full Time (>20 hours/week)
<input type="checkbox"/> Part Time (5-10 hours/week)	<input type="checkbox"/> Leadership (check if interested, invite only)

I understand that by signing this form, I agree to the following:

To commit to the hours I have indicated above, unless I have notified my supervisor from Lyme Warrior (in writing) that I am not able to do so. I understand that I may have an off day/week/month, but that Lyme Warrior runs on the support of volunteers. I therefore agree to make every effort to let the Leaders of Lyme Warrior know if I am not able to complete an assignment on time, if I need to remove myself from an assignment, or if I need to take a break from volunteer work. While I am able, I agree to consistently communicate with my supervisor and team, and update them on assignment progress. Lastly, I recognize that any material produced for Lyme Warrior is the property of Lyme Warrior, and will not be shared or used for any other company or organization without the permission of Lyme Warrior Leaders.

Sign _____ Date ____/____/____