

ACKNOWLEDGEMENT OF VOLUNTEER HANDBOOK

I have read and understand the Gems of Hope's Handbook and Volunteer Code of Conduct.

If representing another organization, I understand that the organization I represent may be notified if I am unable to fulfill my intended volunteer role.

Volunteer Signature:

Name: _____

Signature: _____ Date: _____

Parent Signature (required as an acknowledgement only, for a child under the age of 18):

Name: _____

Signature: _____ Date: _____

Please return this last page (signature page) to the Gems of Hope. Keep the rest of this document for your records. Thank you.

Please return to: Gems of Hope • 420 6th ST SE, Suite 140
Cedar Rapids, Iowa 52401 • 319-393-9681
www.gemsofhope.com
www.cancerreallysucks.org
nhammond@gemsofhope.com
[@GemsOfHopecr](https://facebook.com/pages/Gems-of-Hope-Inc)