



*Vision, Hope and Strength for a Better Life*

**CFS VOLUNTEER CONTINGENCY STATEMENT**

I, \_\_\_\_\_, agree and understand that any  
(Print Applicant/Volunteer Full Name)  
continuation in volunteer work with Center For Family Services, Inc. is contingent upon the positive or acceptable results of some or all of the following screenings: criminal record checks, motor vehicle record check, drug screening by urine sample, physical, PPD, MMR, previous employment and personal reference, education, and licensure reference checks.

I exempt Center For Family Services, Inc. from any liability or damages, and any misrepresentation. I am aware that a negative result on any of the above named checks may have a bearing on my volunteer work, and if found may be grounds for immediate termination or eliminate me from being considered for certain volunteer opportunities.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position Applied For/Current Position

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Witness Full Printed Name

\_\_\_\_\_  
Witness Position Title

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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Volunteer Supervisor: \_\_\_\_\_ Date Submitted To HR: \_\_\_\_\_