# Sample Agreement for Compa/Guest

*Adapted from Client Agreement Form from Refugee Immigration Ministry (RIM) in Malden, Massachusetts*

*Opening Paragraph: Provide a description of the work of the ministry team and the organization/network through whom you’re working, as relevant and appropriate. This might include a written description of the support you intend to provide, for how long, and other expectations or guidelines of the ministry.*

In order to make this experience productive and enriching for all concerned we ask you to agree to the following:

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_agree to receive support from \_\_\_\_\_\_\_\_\_\_\_\_, including *[describe nature of the support being provided].*

I understand that I have a right to safety, privacy, and security. If I experience inappropriate behavior from \_\_\_\_\_\_\_ volunteers, or behavior that makes me feel unsafe, including but not limited to attempts to influence my faith practice or choices, inappropriate relationships, or publicity (social media) about me without my permission, I will report this to the team leader. If I am not comfortable in reporting to the team leader, I understand that I can report to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that I am free to discontinue the relationship with \_\_\_\_\_\_\_ at any time, and that doing so may result in loss of support from \_\_\_\_\_\_\_ such as housing, material needs, etc.

I understand that any details about my story will be treated with respect and confidentiality, and not released or told to anyone without my permission. I understand that photos or videos of me will not be posted online or shared through any means without my permission.

I understand that the volunteers who support me also have a right to safety, privacy, and security. I will not share information about the volunteers, including their names or phone numbers, without their permission. I will not post photos or videos of volunteers to social media without their permission. I will not engage in abusive or dishonest behavior in my dealings with volunteers.

I give permission to \_\_\_\_\_\_\_\_\_\_ volunteers to be in touch with [my attorney, healthcare provider, etc.] and access [list documents] as needed to support me. I understand that information about me, my case, and other details will be shared with volunteers and staff only on a need-to-know basis and that the strictest rules of confidentiality will apply to all information which I share.

I understand that \_\_\_\_\_ volunteers are mandated to report any suspicion of child/elder abuse or neglect.

I understand \_\_\_\_\_ volunteers are required to report any concerns I may express about harming myself or another person.

I will not ask for or receive cash or material gifts from \_\_\_\_ individual volunteers. I understand that volunteers from \_\_\_\_\_\_\_\_\_ will work together and with me to determine what support I need and for what length of time (including but not limited to furniture, clothing, food support, transportation, etc.).

I understand that \_\_\_\_\_\_\_\_ volunteers cannot provide funds for obligations outside of this country (remittances).

Once I receive work authorization, I understand that \_\_\_\_\_\_\_ will decline their financial support over a period of \_\_\_ months from that time.

I agree to abide by the following:

□ I will obey all the laws in the USA.

□ I will not sell or possess illegal drugs.

□ I will not work until I have work authorization.

□ I will not be involved in any criminal activities.

□ I will be truthful about my plans and resources with the \_\_\_\_\_\_ volunteers.

□ I have an attorney who is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I will not drive a car without a U.S. driver’s license and adequate insurance.

□ I have had a health exam and I will comply with all follow up and medical procedures. This

 includes follow up for immunizations.

□ I will agree to practice good self-care during this stressful time.

□ I will be respectful to all volunteers.

□ I will work with \_\_\_\_\_ to arrange to volunteer with other organizations of my choosing while I

 wait for work authorization.

□ I understand that if I violate any of the above, \_\_\_\_\_\_ may terminate our relationship and end

 their support.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Point Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_