



## Volunteer Commitment Agreement

I, \_\_\_\_\_, agree to commit to volunteering with Unity Health Care, Inc. for a minimum of three months (3) and for at least two to five (2-5) hours per week. If I break this commitment my volunteer relationship with Unity Health Care, Inc. will be presently and in the future terminated.

\_\_\_\_\_  
Volunteer's Printed Name

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date