LCUAS Volunteer Commitment Agreement

Volunteer Name:		Date:			
Phone#:	Email:			lcuas	
School Name:		Grade: _	·	Laredo Cente for Urban Agricu & Sustainabil	It
	Com	mitment:			
I, the undersigned	<mark>, agree t</mark> o volunteer	at the Lared	<mark>o Center fo</mark> r Urb	an Agriculture &	
Sustainability. I u <mark>nde</mark>	rstand my volunteer	w <mark>ork will be</mark>	e re <mark>quired for</mark> a t	otal of at least 4-6	
sessions within the ne	xt 2 months, in orde	r to comply	with the require	ment and be able to)
	double the coun	t of my hou	rs worked.		
Date# 1:// <mark> Time</mark>	In:am/pm - Tir	ne Out:	_ am/pm – Total I	<mark>Hrs</mark> . today	
	Volunte	er <mark>signature:</mark>	Sup	<mark>erv</mark> isor:	_
Date# 2:// Time	In: am/pm - Tir	me Out:	am/pm – Total	Hrs today	
			-	ervisor:	
		,			
Date# 3://					
	Volunte	er signature:	Sup	ervisor:	_
Date# 4:/ Time	In: am/pm - Tir	me Out:	am/pm – Total	Hrs. todav	
				ervisor:	
Date# 5:// Time	-		-	<u>-</u>	
	Volunte	er signature:	Sup	ervisor:	_
Date# 6:// Time	In:am/pm - Tir	me Out:	_ am/pm – Total	Hrs. today	
				pervisor:	
		Tot	al Hrs. volunte	eered x2=	_
	Volunteer signatu	ıre:	Supervi	sor:	

X2 hours credit offer, NOT valid for court orders – Community service mandatory

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Volunteer's Responsibilities

I agree to the following volunteer responsibilities:

- Watering plants, checking soil moisture levels, and ensuring plants are healthy.
- Pruning, deadheading, and removing any damaged plants.
- Re-potting plants when necessary and making sure they're in the right-sized containers.
- Ensuring pathways are clear for everyone's safety.
- During certain times of the year, preparing for special gardening events, like planting season in others.
- And any other duties as requested by the supervisor.

Volunteer Availability

I will make every effort to attend the sessions I've committed to, notifying the organizer in advance should I need to cancel or reschedule.

Code of Conduct:

I agree to conduct myself in a professional and respectful manner, understanding that I represent the organization and its values during my volunteer work.

Liability Waiver:

By signing this agreement, I acknowledge that I am participating and completed all required training voluntarily, and that I release the organization from liability for any injury or accident that may occur during my volunteer activities.

Signature of Volunteer:	Date: _	
Signature of LCUAS Representative:	Date: _	

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