



## **Agreement to work without payment**

ATTENTION: General Manager

I ..... (Full names), a Volunteer at Breede River Hospice declare that - without coercion - I am willing to work as a Volunteer without payment for more than 24 (twenty four) hours in a calendar month.

Signed..... Date .....  
VOLUNTEER

Signed..... Date.....  
WITNESS

Signed..... Date.....  
GENERAL MANAGER