



**Seniors Helping Seniors Program  
Team Lead  
Service Agreement**

As part of the Seniors Helping Seniors (SHS) Program, you have been selected to provide instruction to Caledon Seniors, with your outlined program:

**Program Name:**

**Program Description:**

**Schedule (Day/Time/Frequency):**

**Location:**

Date Approved: March 2018

As an SHS Team Leader, you will be providing your program at a regular interval during the fiscal year, in accordance with your position description and you will receive remuneration to cover any identified and approved expenses that you may incur during the provision of your SHS Program.

Please identify any expenses for your program:

Date	Type of Expense	Reason for Expenditure	Amount

Receipt of the approval of your program and identified expenses confirms your commitment to meet the requirements of your SHS Leader Position Description during the periods listed above.

SHS Volunteer \_\_\_\_\_ DATE \_\_\_\_\_

Program Coordinator \_\_\_\_\_ DATE \_\_\_\_\_