

Annie's Angels Memorial Fund Inc.
8 Jana Lane, Stratham,
New Hampshire, 03885
603-686-4224
www.anniesangels.org
bill@anniesangels.net
Federal ID – 20-8562444
Volunteer Agreement

Name of Volunteer

Mailing Address

As a volunteer for Annie's Angels Memorial Fund Inc., I agree to fulfill the following responsibilities while serving in this role.

1. Maintain the standards of our charity by conducting myself in a responsible manner
2. Conduct all Annie's Angels Memorial Fund Inc. activities in compliance with our guidelines and in a safe and healthy environment
3. Participate in required volunteer orientation and other ongoing volunteer training as appropriate

I understand the risks, hazards, and dangers inherent in carrying out the duties and responsibilities of my volunteer activities. I agree for myself and my heirs, to release and hold harmless, defend and indemnify Annie's Angels Memorial Fund Inc., its board, officers, agents, employees and volunteers, from and against all claims, demands, actions, and causes of action as a result of personal injury, death, or property damage sustained by me or by others due to my volunteer activity, including my operation of a motor vehicle.

I have read and understand the attached Volunteer Service Description for the role I am about to assume.

Volunteer Signature / Date _____

You are hereby recognized as an Annie's Angels Memorial Fund Inc. volunteer. As a recognized volunteer, you are protected by NH RSA 508:17 which provides legal protection for volunteers by limiting the liability of an enrolled volunteer who is working within the scope of his or her official duties and responsibilities as outlined by this document and following the guidelines and policies of the program.

Board Officer Signature/Date