

SHELTER VOLUNTEER PARTICIPATION ACKNOWLEDGEMENT

As a volunteer I agree to participate in the communities Mass Care and Sheltering responsibilities. This community is part of a regional agreement to provide regional sheltering services to the participating jurisdictions. I agree to comply with all rules and regulations pertaining to my duties as a volunteer. I agree to waive all claims for damages of any kind, by me or my estate or heirs, to include accident, injury or death to me or damage of any kind to my personal vehicle while acting as a volunteer for the Town of Allenstown

Additionally I agree to comply with the following requirements;

1. I will complete the minimum entry level and continuing education/training requirements for my position as a volunteer.
2. I will comply with the personnel policies and other applicable policies to include sexual harassment, etc... as they apply to my position as a volunteer.
3. I agree to travel to the designated regional shelter facilities outside of this jurisdiction as a member of the regional sheltering team.
4. I understand as a volunteer that I will serve in this capacity as an uncompensated volunteer.
5. I understand that as a volunteer I will receive minimal Workers Compensation coverage as applicable under state law.
6. I agree to allow a criminal history and motor vehicle history check be conducted at the time of my appointment as a volunteer and periodically thereafter as deemed during my time as a volunteer.
7. I acknowledge that I have never been arrested or convicted for any Felony offense or any Misdemeanor offense involving domestic violence, sexual assault or fraud in this state or any other state.
8. I understand that I will have access to and become aware of confidential information. I agree that I will not breach that confidentiality and ensure that such information remain confidential.
9. I understand that Town of Allenstown provides general liability insurance for acts or omissions in my capacity as a volunteer. Additionally the provisions of RSA 21-P:41 provide limited immunity and exemption from liability in my capacity as a volunteer.

I have read the agreement and I understand it. I have obtained any legal advice I believe I may need prior to signing this document, and I sign this document freely and voluntarily.

Signed this _____ day of _____, 20__

Volunteer's Signature

Parent/Guardian Signature
(If Volunteer is Under 18 YOA)

Volunteer's Name (Printed)

Parent/Guardian's Name (Printed)

Address:

Phone (H): _____ (C): _____

Email:

Appointed on: _____