



VOLUNTEER AGREEMENT

I. FOUNDATION NAME: THE DARREN DAULTON FOUNDATION, INC.

1. We agree to provide sufficient information, training, and materials to the volunteer to meet the responsibilities of the position.
2. We agree to support the skills, dignity, and individual needs of the volunteer.
3. We agree to be receptive to comments from the volunteer regarding ways in which the organization might better accomplish its mission.

II. VOLUNTEER NAME: _____

In volunteering for the above agency, I understand and agree to the following:

1. I agree to uphold the mission of the organization which is to help families affected by brain cancer.
2. I agree to adhere to all Foundation policies and procedures, including confidentiality of personal information of Board Members, Ambassadors, and grant recipients.
3. I understand that the Foundation is a private, nonprofit organization and does not directly endorse any agency, organization, or corporation; therefore, I agree that I will not directly market my services during the time that I am engaged in volunteer activity for the Foundation.
4. I give the Foundation my consent to its unrestricted use and publication in any media of any photograph, recording, interview, videotape, or other recording of me in connection with my volunteer activities.
5. I release the Foundation, its Board Members and Ambassadors and all others acting on the behalf of the Foundation from any claims arising from my volunteer work.



III. AGREEMENT

The above agreement is made valid by the signatures below:

Volunteer Name

The Darren Daulton Foundation, Inc.

Volunteer Signature

Authorized signor

Date: _____

Date: _____

IV. CONTACT INFORMATION OF VOLUNTEER

Address: _____

E-mail: _____

Telephone: _____