

# Gabrielle Dinsmore Heart & Hope Fund

## Volunteer Agreement

Thank you for volunteering to support the Gabrielle Dinsmore Heart & Hope Fund's event described below:

This agreement is between the Gabrielle Dinsmore Heart & Hope Fund ("Fund"), a not-for-profit corporation, and

Volunteer Name: \_\_\_\_\_

Volunteer Address: \_\_\_\_\_

Volunteer Phone and E-Mail: \_\_\_\_\_

Fund Event Name: \_\_\_\_\_

Fund Event Date: \_\_\_\_\_

Fund Event Location: \_\_\_\_\_

Description of Volunteer Duties: \_\_\_\_\_

Volunteer Shift/Hours: \_\_\_\_\_

Being present and volunteering during this event could possibly involve potential risk including, but not limited to, personal injury or property damage. I understand that I am responsible for the safety of myself and any property I bring to this event. *I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify, and hold harmless, the Gabrielle Dinsmore Heart & Hope Fund, its officers, directors, volunteers and employees and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities – whether it results from the negligence of any of the above or from any other cause.*

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State or Province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

The undersigned allows the Fund to conduct a criminal background check to be completed by HireRight, Inc.

(For Gabrielle's Heart Camp Volunteers): The undersigned agrees to complete the Youth Protection Test found on the website of the Boy Scouts prior to volunteering and must show proof of completing the test before being allowed to volunteer. The undersigned agrees to keep confidential anything he/she observes with regard to the campers including, but not limited to, any medical information regarding the campers.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_