



Franklin's Friends
helping pets across Central Florida

VOLUNTEER AGREEMENT

Name: _____

Address: _____

City, State, and Zip: _____

Phone: _____ Email: _____

By signing below, I hereby accept a position as a Volunteer for Franklin's Friends upon the following terms, conditions, and understandings.

Terms and Conditions

1. My services to Franklin's Friends are provided strictly in a voluntary capacity as a Volunteer without any compensation, salary, employee benefits, or payment of any kind for the services I render.
2. I will familiarize myself with Franklin's Friends mission and grant application policies and procedures.
3. I will never treat an animal in such a way as would be construed as rough or abusive.
4. I will conduct myself with dignity, courtesy, and consideration for others while representing Franklin's Friends.
5. I will not represent Franklin's Friends to media personnel unless approved by Franklin's Friends.
6. I will notify the Volunteer Coordinator for Franklin's Friends if I choose to discontinue my volunteer services.

Release

1. No liability whatsoever will be incurred by Franklin's Friends to anyone who performs voluntary services. On behalf of myself, and my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless Franklin's Friends and its directors, officers, and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities on behalf of Franklin's Friends.
2. I understand that public relations is an important part of volunteering with Franklin's Friends. On behalf of myself, my heirs, personal representatives, and executors, I allow Franklin's Friends to use any photographs, films, videotapes, or other visual representations taken of me in volunteer service for use in public relations efforts.

Volunteer Signature: _____ Date: _____

As a parent or legal guardian of the above named Volunteer I hereby give consent for my child or ward to become a volunteer for Franklin's Friends as described above.

Parent/Guardian Signature (if volunteer under 18): _____ Date: _____

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