



Volunteer Agreement Signature Page

By signing below, I confirm that I have read, understand, and will abide by the Volunteer Safety and Security Policies and the Gift Giving Policy. ____*(initial)*

By signing below, I agree to all the expectations listed in The Role of the Volunteer. ____*(initial)*

By signing below, I agree to abide by the Code of Conduct and understand that my trip participation is dependent upon my ability to adhere to this code. ____*(initial)*

By signing below, I confirm my understanding that any violation of any policies set forth by Friends of Barnabas during my trip is grounds for any and/or all the following consequences:

1. Possible early departure at my expense.
2. Possible exclusion from any future trips with Friends of Barnabas. ____*(initial)*

By signing below, I agree to the Terms and Conditions for Travel and the Agreement, Indemnification, and Release of Claim. ____*(initial)*

By signing below, I understand that there is a \$2250 non-refundable fee to participate on this Mountain Medical Team. I am also responsible for helping my team reach the \$11,500 team support fundraising goal. I understand that if I am not able to travel with the team after making payments, I can use those funds for travel with another team within 6 months, otherwise the funds will be used to support other FOB programs. ____*(initial)*

By signing below, I authorize Friends of Barnabas to use my name, picture, voice and/or testimony in any form of promotional or advertising materials. My enclosed signature (and/or the signature of my parent or legal guardian because I am under the age of 18) signifies my authorization. I further authorize FOB to use any pictures taken by me during the trip in marketing materials unless I specify otherwise. ____*(initial)*

By signing below, I authorize The Friends of Barnabas Foundation, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Information Form and/or obtaining other information which may be material to my qualifications as a volunteer with The Friends of Barnabas Foundation, Inc. ____*(initial)*

I release The Friends of Barnabas Foundation, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name, and all information is true and correct to the best of my knowledge. ____*(initial)*

Full Name of Team Member _____

Social Security # (for background investigation) _____

SIGNATURE OF TEAM MEMBER _____ DATE _____