VOLUNTEER AGREEMENT FORM

The Fellowship of Afro-American Men Youth Basketball League of Evanston would like to thank you for your interest in becoming a FAAM Volunteer.

Date: _____

☐ New Volunteer ☐ Returning FAAM Volunteer Team: _____

CONTACT INFORMATION

Name: _____

Address: Street _____ Apt: # _____

City _____ State _____ Zip _____

Phone: Cell: _____ Home: _____ Work: _____

E-Mail Address: _____

List your Age if under 20: _____

EMERGENCY CONTACT

Contact Person: _____ Relationship: _____

Phone: Cell: _____ Home: _____

VOLUNTEER INFORMATION

Past Volunteer Experience: (if necessary, continue on back)

Organization Name_____ Length of Time _____

Organization Name_____ Length of Time _____

Availability: Flexible ☐ Weekdays ☐ Evenings ☐ Weekends ☐ Other

What position are you interested in:

_____ Coach
_____ Assistant Coach
_____ Administration
_____ General Support Volunteer
_____ Other

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Article 1 – Volunteer Services
Volunteers will be donating time to the organization in one of the following roles: Coach, Assistance Coach, Administration, or General Volunteer Support. In the role, volunteer agrees to carry out and perform the duties of that role as outlined by the organization. The volunteer agrees to execute the role faithfully and in compliance with the organization's instructions written and/or oral.

Article 2 – No Wages
Volunteer Understands that this role is without wages, a salary, or other benefits, This is an exclusively voluntary role so that the volunteer may provide assistance to the organization.

Article 3 – Reimbursement
Volunteer understands that no reimbursement will be received for any expenses incurred.

Article 4 – Relationship
Nothing herein shall be taken to establish any partnership, joint venture, agency or employment relationship. Volunteer is, and at all times will be, a volunteer only. Volunteer shall receive no benefits from the organization, such as health insurance, paid vacation, or sick days. Volunteer shall be responsible for all of volunteer's own taxes.

Article 5 – Termination
This agreement can be terminated by either party at any time.

Article 6 – Photo Release
I give permission to FAAM Youth Basketball League to use photos, video tapes, films, and audio tapes of my image and/or voice for purposes.in support of the organization.

Article 8 – Background Check
I give permission to FAAM Youth Basketball League and its designated agents and representatives to conduct a comprehensive review of my background, including, FAAM's discretion, causing a criminal background check and/or consumer report and/or investigative report be generated for volunteer purposes.

Article 9 – Waiver of Liability
In return for being allowed to volunteer with FAAM activities, including any activities incidental to such participation (''Volunteer Activities''), the Volunteer or Parent/Legal Guardian of Volunteer releases and agrees not to sue FAAM or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by Volunteer, their family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of their participation in the Volunteer Activities wherever, whenever, or however the same may occur.

FAAM is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by its ordinary negligence or otherwise. Participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. Volunteer is voluntarily participating with knowledge of the danger involved and agrees to accept all risks of participation. Volunteer also agrees to indemnify and hold harmless FAAM for all claims arising out of Volunteer's participation.

I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities. I also understand that this document is a contract which grants certain rights to and eliminates FAAM's liability.

I certify that the above information is accurate. By signing, I agree to adhere to the league policies and procedures. If I cannot fulfill the responsibilities of the role, I understand I may be reassigned or terminated.

Signature: _____ ***Date:***_____

(Parent signature if volunteer is under 18)