

Town of Alton



Board of Selectmen
PO Box 659
Phone 603-875-2161

Town Administrator
1 Monument Sq. Alton NH 03809
Fax 603-875-0207 TDD 603-875-0111

Volunteer Services Form

Statement of Agreement on terms and conditions of Volunteer Service Obligations to the Town of Alton

Date: _____

I, _____ make this statement and agreement in order to provide and be authorized to provide uncompensated volunteer services on behalf of the Town for the following project:

Project name: _____

I acknowledge, understand, and agree to the following:

- That I am 18 years of age or older.
- If I am under the age of 18, I am required to have a parent or guardian's signature on this form allowing me to volunteer.
- I know of no reason, medical or otherwise, which would prevent me from performing the tasks required.
- I assume full responsibility for my own safety and the safety of others who might be affected by my actions or omissions.
- I hereby agree to release, defend, indemnify and hold harmless the Town of Alton, its agents, employees, and officers, from any and all claims of illness, bodily injury, personal injury, or property damage, occurring to me or to others, arising from my negligent, reckless, wanton, or intentional conduct while participating in this activity.
- I will not violate RSA 508:17, the volunteer immunity law. I will act in good faith and comply with all requirements of RSA 508:17.
- That I have acquainted myself with what is required to perform tasks, and represent that I have the skill and ability to perform them.
- That I will perform my volunteer service in compliance with the standards and specifications established or approved by the Town/Designee/Project Supervisor.
- That I will work cooperatively and agreeably to support the goals, schedules, and tasks of the project as directed by the Town/Designee/Project Supervisor.
- I agree to work in full and cooperative compliance to the goals of the project and to the task standards and specifications approved by the Town, and to protect, defend, and hold the Town harmless against damages or injuries to myself or the Town arising from my own conduct.
- That I will not accept or attempt tasks beyond my skills, abilities, or personal limits.
- That the Town/Designee/Project Supervisor may deny this application, or require other materials prior to making any decision, as it sees fit.
- That I will honor the direction of the Town/Designee/Project Supervisor to suspend or terminate service.

- This agreement may be terminated by the Town/Designee/Project Supervisor, at any time with or without cause.
- Upon termination, project end, or other ways, I agree to return all property that is not mine, to the Town/Designee/Project Supervisor.

Volunteer Signature: _____

Volunteer Printed Name: _____

Address: _____

Telephone #'s, email: _____

In order to comply with ADA, do you require any reasonable accommodations in order to be a volunteer with the Town? _____

Voluntary statement of particular health information (bee sting, allergy, etc.): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Emergency Contact address: _____

APPROVAL

You are hereby recognized and approved as an uncompensated Volunteer for the project listed above. Your tenure as a Volunteer will continue until your resignation or termination by the Town/Designee/Project Supervisor, or the end of the project, whichever comes first.

We thank you for your offer of time and services, and look forward to a productive relationship.

Date: _____

Town/Designee/Project Supervisor signature: _____

Town/Designee/Project Supervisor printed name: _____

Town Administrator if Court Ordered Community Service: _____

Duties Assigned

Supervisor Assigned

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

(Continue listing as needed)

(Always add RSA 508:17 to this document when using this document.
Remove this red text prior to printing)