



# NEW FRONTIERS HEALTH FORCE

## VOLUNTEER AGREEMENT

### I agree to the following:

1. My volunteer assignment is in Kenya from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_\_.
2. I will uphold the highest moral, professional and ethical standards, which means no illegal drugs, alcohol consumption, tobacco products, profanity, fighting, or romantic relationships.
3. I commit to participate as a team member and to respect and submit to the designated NFHF leadership. This includes abiding by all requirements that are imposed for my health and the safety of the team.
4. I understand that, as a volunteer, I cannot enter into any agreement, contract, or make any representations on behalf of NFHF without the permission of the NFHF management.
5. I understand and accept that I may be working and living in difficult conditions during my volunteer service. I understand that my personal safety cannot be guaranteed, and I accept the risks involved in living, traveling, and working in conditions made dangerous by disease, war, acts of nature or terrorism, or unforeseen hazards.
6. I understand that it is my responsibility to disclose any health issues/restrictions that I am currently under treatment for which includes past medical history that may impact this assignment and/or cause risk to me or other team members.
7. I understand that I am responsible for following my medical practitioner's recommendations for medication management while on this tour, and the recommendations made by NFHF for travel in Kenya.
8. I understand that as a volunteer, I am only covered with Traveler's insurance and I am financially responsible for any additional costs that I may incur for healthcare while on this tour.
9. I understand and accept that if I fail to comply with the requirements for this tour that I may be subject to disciplinary action, as deemed appropriate by the NFHF leadership, including NFHF's right to send me home at my own expense.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

### NOTARY:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_, the person described in and who executed the foregoing Agreement and Release of  
Liability, and acknowledged before me that it was executed for the purposes therein expressed.

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_

Commission Number: \_\_\_\_\_

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_  
Type of Identification \_\_\_\_\_