

New England Healing Sports Association (NEHSA)

Volunteer Handbook Acknowledgement & Receipt

At Will Letter of Understanding

DSUSA Concussion Awareness Training Acknowledgement & Receipt

2019/2020

I [redacted] have read the NEHSA Volunteer Handbook and I understand that the contents of it are presented as guidelines and policies in process and they are in effect as the date of publication of this manual. The NEHSA Boards of Directors reserves the rights to modify, revoke, suspend, terminate or change any or all policies or procedures, in whole or in part, with or without notice. The language in this handbook is not intended to create, nor is it to be construed to constitute, an employment contract between NEHSA and any one or all of its volunteers. NEHSA's board of Directors is the sole interpreter of all policies stated in this handbook based on feedback through the NEHSA membership and its' insurance requirements

I have read this document and understand that NEHSA is an "at will" volunteer organization. I understand that "at will" means:

TERMINATION OF VOLUNTEER SERVICES

Volunteering privileges at NEHSA are not a permanent arrangement; the right to volunteer within the organization is not of any specific duration. A volunteer may be terminated at any time, either by the Director or by a member of the Board of Directors, upon notice, with or without any cause if there are violations of the NEHSA handbook, zero-tolerance policies, or Mount Sunapee Rules and regulations

A volunteer does not quire a "property right" in his or her volunteer position. Both the Volunteer and NEHSA are free to terminate volunteer services at any time, upon notice for any reason or for no reason at all.

I [redacted] have read the policies and procedures outlined in this handbook and understand them fully. If at any given time I feel I do not understand the policies or procedures of the organization, I understand that I may contact the Director, NEHSA Board President, or NEHSA Board Vice President. I understand that if I fail to sign the document my membership privileges will be revoked or not reinstated, whatever the case may be.

I [redacted] have read and understand the DSUSA Concussion Awareness Training Document.

Volunteer Signature: [redacted]

Date: [redacted]