

FLAGS FOR FALLEN MILITARY EMPLOYEE AGREEMENT



I apply to participate as an employee in the effort to advance the mission and goals of Flags For Fallen Military (hereinafter referred to as FFM). I further apply to participate in programs and activities sponsored by FFM. I understand that FFM is a non-profit organization that honors our fallen heroes who have given their life for our freedom. FFM does not charge the recipients, and does not receive any compensation for its services.

I further acknowledge and agree that as an employee the services I provide to FFM will be with pay. I am 18 years of age or older and have the requisite authority to enter into this Agreement. I do not have any health condition, whether mental or physical, that may prevent me from safely installing the requested pole and flag. I have no history of committing acts of physical violence against humans or animals nor have I ever been convicted of a crime of any kind.

I agree to allow the use and publication in any newspaper, magazine, or other form of media ("press release"), of any photograph, recording, interview, videotape, or other recording of me in connection with any activities in which I may participate with FFM. However, I shall not allow the publication of any such Press Release without the consent of an officer of FFM.

I understand and agree that the privacy of FFM's recipients is paramount. Accordingly, I agree not to disclose any Personal Information about any FFM recipient or their family to anyone. "Personal Information" includes, but is not limited to, recipients' name or contact information. Except as reasonably required to perform Employee services to FFM or as may be required by law, under no circumstances shall Employee possess any medium, including but not limited to digital files or papers, containing Personal Information.

I understand and agree that I am an employee "at-will" and that FFM may terminate my employment at anytime with or without cause. I acknowledge that FFM has no commitment to me to provide me with any set number of hours or projects and has no obligation to utilize my services on any project. My initial compensation shall be \$ per project / hour and no change will be made in my compensation level without the written approval of an officer of FFM. Please fax or e-mail completed form to David Larson, 888-616-3420 or dlarson@flagsforfallenmilitary.org

* First and Last Name:

* Email Address:

* Street Address:

* City, State and Zip:

* Home Phone:

* Cell Phone:

* Your Age:

Your Gender: _____ Male _____ Female

**Required Fields*

BY COMPLETING AND SUBMITTING THIS EMPLOYEE FORM TO FFM, I AFFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT IN ITS ENTIRETY. I FURTHER AFFIRM THAT I HAVE READ AND AGREE TO FFM MISSION STATEMENT AND CODE OF ETHICS. I FURTHER AFFIRM AND AGREE THAT THIS IS MY ELECTRONIC SIGNATURE AND UNDERSTAND THAT MY IP ADDRESS WILL BE RECORDED.

Signature:

Print name:

Date:

FFM Employee Agreement Updated 2/2/2015

Flags for Fallen Military is a nonprofit, 501 C3 organization; Tax ID # 26-0215456

PO Box 44576, Eden Prairie, MN 55344

flagsforfallenmilitary.org

888-616-3420