



## TEAM LEADER AGREEMENT FORM

### ASF National Walk

The Angelman Syndrome Foundation **greatly** appreciates all individuals who so generously volunteer their time and expertise on behalf of the ASF National Walk. Whether you have chosen to volunteer because you have a close connection with an individual with Angelman Syndrome or simply wish to lend your expertise to a noble cause, you have chosen to work toward advancing the mission of the ASF: To improve the lives of individuals with Angelman Syndrome and their families. Thank you!

As you are aware, local, state and federal regulatory agencies have placed increased scrutiny and rigorous regulations on non-profit, charitable organizations. ASF is subject to these regulations, and as such, has adopted procedural safeguards for the collection and processing of donations. These safeguards and procedures have been implemented to protect our generous and faithful contributors, volunteers, staff and the ASF. At no time are these procedures to be changed, modified, or ignored. Failure to comply with these procedures places both you, as a volunteer, and ASF at considerable risk, and will not be tolerated. Appropriate legal action will be taken in the event of intentional procedural deficiencies.

In order for you to participate as a walk site team leader, or finance team member, please complete the following and return to the ASF office. We appreciate your assistance in returning this form to the ASF office in a timely manner.

I, \_\_\_\_\_(your name), of the \_\_\_\_\_  
(your team name) in \_\_\_\_\_ (your city) walk site, have read and understand the procedures for leading my team of volunteers. Further, I agree to follow the procedures outlined and will not deviate from said procedures. I understand that knowingly disregarding proper procedures puts both myself and the ASF at risk and should this occur I will be subject to appropriate legal action.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date