



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 FFFM). I further apply to participate in programs and activities sponsored by FFFM. I understand that FFFM is a non-profit organization that honors our fallen soldiers who have given their life for our freedom. FFFM 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 FFFM 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 FFFM. However, I shall not allow the publication of any such Press Release without the consent of an officer of FFFM.

I understand and agree that the privacy of FFFMs recipients is paramount. Accordingly, I agree not to disclose any Personal Information about any FFFM 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 FFFM 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 FFFM may terminate my employment at any time with or without cause. I acknowledge that FFFM 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 FFFM. Please fax or e-mail completed form to David Larson, 888-616-3420 or dlarson@ltdteam.com

* 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 FFFM, I AFFIRM THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT IN ITS ENTIRITY. I FURTHER AFFIRM THAT I HAVE READ AND AGREE TO FFFMS MISSIONS 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: _____