



VOLUNTEER APPLICATION

Please Print

Name: _____ Orientation Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

VOLUNTEERS MUST BE 16 YEARS OF AGE OR OLDER TO VOLUNTEER. WE DO NOT MONITOR VOLUNTEERS.

Birthdate: _____ Age: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Relationship: _____

What is your pet experience? _____

Why do you want to volunteer? _____

Have you ever volunteered for Animal Friends Humane Society before? _____ When? _____

VOLUNTEER TERMS & CONDITIONS:

I am aware that the activities that I may participate in as a volunteer for Animal Friends Humane Society ("AFHS") may be dangerous and/or involve risk of injury. I have had an opportunity to ask questions about the nature of the activities as well as the risks to me, and all such questions have been answered to my satisfaction. Despite my understanding of the risks inherent in these volunteer activities with AFHS, I wish to participate. My participation is entirely voluntary, and I may elect not to continue at any time. In consideration of AFHS allowing me to volunteer, I hereby assume all the risks associated with participation and agree to accept responsibility for any injuries which I sustain.

Release of Liability- I, on behalf of myself, my heirs, executors, representatives, administrators, agents and assigns(collectively the "Releasers") irrevocably and unconditionally fully and forever waive, release and discharge AFHS, its agents, officers, directors, employees, and volunteers in their corporate and personal capacities(collectively, the "Released Parties"), from any and all claims, demands, actions, causes of actions, judgements, rights, fees, damages, debts, obligations, liabilities and expenses (including attorney's fees) of any kind whatsoever, whether known or not, whether arising out of contract or negligence, that Releasers may have or may ever have against the Released Parties arising out of, or in any way related to my volunteering at AFHS.

Covenant Not To Sue – I agree not to bring any suit, action, proceeding or claim against AFHS or any other Released Party for any dispute or dissatisfaction arising out of my volunteer activities at AFHS.

I have read and understand all of the above terms and conditions of volunteering at AFHS, and I wish for my application as a volunteer to be considered.

Volunteer's Signature

Parent or Guardian's Signature (if volunteer under 18:)

Date

AFHS Reviewer's Signature

AFHS Reviewer's Printed Name

Date