



SAVE, A Friend to Homeless Animals

Volunteer Application

Name: _____

Address _____ City/State _____ Zip Code _____

Contact Number: _____ E-mail Address: _____

Student: yes no (circle) Community Svc Hrs: yes no (circle) 18 years or older: yes no (circle)

Name of contact in case of emergency _____ Emergency Contact Number _____

Please indicate day(s) and time(s) that you can commit to: _____

SAVE recommends that every volunteer have an updated tetanus vaccination. All volunteers must wear appropriate apparel including closed toe shoes (no sandals or flip flops) and pants (if you choose to wear shorts they must extend past the fingertips when arms are extended comfortably at your side).

Liability Waiver for Volunteer/Participant

I hereby make application to participate as a volunteer and agree to be governed by the rules and regulations as set forth by SAVE relating to the operation of the SAVE, A Friend to Homeless Animals.

As a volunteer/participant (or a parent of volunteer/participant under age 18 years of age) of SAVE, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of volunteering/participating in any and all activities connected with or associated with the SAVE, A Friend to Homeless Animals.

I do hereby fully release and discharge SAVE, A Friend to Homeless Animals, their officers, agents, servants, and employees from any and all claims from injuries, including death, damages or loss which may accrue to me on account of my participating/volunteering with SAVE, A Friend to Homeless Animals.

I further indemnify and hold harmless and defend SAVE, their officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages or loss sustained by me and arising out of, connected with, or in any way associates with my participating/volunteering with SAVE, A Friend to Homeless Animals.

I will follow directives and represent SAVE in a professional manner at all times. I will not make decisions that affect the welfare of any animal without first consulting with my Volunteer Coordinator, SAVE employee or the Director of SAVE. I promise to give only the best care and handling of all animals and to only use positive reinforcement. I promise to be at the shelter at my scheduled time (when applicable) – the cats and dogs are counting on me!

Signature: _____ Date: _____

Signature of Parent/Guardian: (if less than 18) _____ Date: _____

VOLUNTEERS MAY NOT ACCEPT ANIMALS BROUGHT TO SAVE. ANIMALS ARE BROUGHT INTO THE SAVE SHELTER BY ANIMAL CONTROL OR BY AUTHORIZED SAVE STAFF MEMBERS ONLY