

Date: _____

**Friends of Strays Animal Shelter
Volunteer Application/Release**

PLEASE PRINT ALL INFORMATION CLEARLY

Last Name: _____

First Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Email Address: _____

Employer: _____

Phone: _____ Cell Home

Date of Birth: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact Phone: _____ Cell Home

Getting to Know You:

Why do you want to volunteer for Friends of Strays?

Describe any experience working with animals and/or other volunteer experience.

Volunteer Shifts

Please circle the days you are available.

Cat care/cleaning: 8:00 a.m. – 10:00 a.m. M T W Th F Sa Su

Happy cats: 11:30 a.m. – 1:00 p.m. M T W Th F

General housekeeping (weekdays): 1:00 p.m. – 5:00 p.m. M T W Th F

General housekeeping (weekends): 12:00 p.m. – 4:00 p.m. Sa Su

P.M. feeding (weekdays): 5:00 p.m. – 7:00 p.m. M T W Th F

P.M. feedings (weekends): 4:30 p.m. – 6:30 p.m. Sa Su

Date: _____

Other opportunities include:

- Adoption Counselor** Foster** Dog Walking** Transport* Events
- Pet Food Pantry (Last Saturday of every month) PFP (Weekly Organize)
- Flyer Distribution Donation Pick-Up* Data Entry
- Building/Grounds Maintenance Fill-A-Truck Coin Bank Placement*

* Requires valid driver’s license and automobile liability insurance

** Requires additional training and/or a specific amount of general volunteer hours

Is this court-ordered community service? Yes No

Have you ever pleaded “nolo contendere” to or been convicted or found guilty of a first-degree misdemeanor or a felony? Yes No

If yes, please give the date, nature of the offense and disposition:

Note: A criminal record will not necessarily bar an applicant. However, it will be considered as it relates to specifics of the role for which you have shown interest. We do not provide letters of completion of community service or notarized proof of hours. In order to obtain credit, a staff member must sign you in and out on paperwork provided by the court, on each day of service.

Is this for school credit? Yes No

If yes, please complete the following:

Name of school: _____ Program: _____

How many hours: _____ Completion date: _____

We do not provide letters of completion for volunteer service. In order to obtain credit, a staff member must sign you in and out, on each day of service.

Please initial each statement below:

I understand that Friends of Strays, Inc. requires all volunteers to produce valid government issued identification with a current name, address and photo before volunteering.

Initial _____

I understand that any unauthorized release or carelessness in the handling of confidential information is considered a breach of duty and could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

Initial _____

I understand that Friends of Strays, Inc. reserves the right to terminate my volunteer status at any time for providing false information or non-compliance with the Code of Ethics.

Initial _____

Date: _____

Friends of Strays Animal Shelter Volunteer Release

Last Name: _____ First: _____ Nickname: _____

Address: _____ City: _____ State: _____ Zip: _____

Best Contact #: _____ Email: _____

Date of Birth: _____ Emergency Contact: _____ Phone: _____

Do you have any allergies? Yes No If yes, please be specific: _____

PLEASE READ and SIGN VOLUNTEER RELEASE

*I hereby agree to accept a position as a volunteer for Friends of Strays, Inc. (FOS), and in so doing; I agree to comply with all the policies, rules, and regulations, which may be established. I understand failure to do so may result in my termination as a volunteer.

*I acknowledge my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of FOS, all services to be performed by me at my own risk. *I am aware that in handling animals there exists a risk of injury including personal physical harm. I hereby release, discharge, indemnify and hold harmless FOS, its agents, representatives and employees from any and all claims, causes of actions or demands, of any nature or cause connected with my Volunteer Agreement. *I agree on behalf of my heirs, personal representatives, and executors, to allow FOS to use any photographs taken for use in public relations efforts. I may be notified if a photo is used, but more than likely I will not. I hereby grant the following media release rights and permission to use all photos and/or videos taken of myself and/or family. FOS has the right and permission to take, use, reuse, publish, and republish photographic portraits or pictures of me or any minor who is my child or over which I am guardian. *I waive any right that a minor, which I am the legal guardian, may have to inspect or approve products, advertising copy or printed matter that may be used in connection with such photographs or use as applied. I agree I will not receive any financial compensation. This release is a binding document.

Printed Name: _____

Signature: _____ Date: _____

*PARENTAL CONSENT, MEDICAL WAIVER and INDEMNITY AGREEMENT (IF UNDER 18 YEARS OF AGE)

I, _____ (Name), warrant that I am the parent or guardian having legal custody of _____ (Name of Minor), born on _____ (D/O/B). In consideration for the acceptance of my child's registration as a volunteer for FOS, and with the understanding that my child's participation is only on condition that I enter into this agreement, I hereby assume the risks involved. I expressly assume the risk of, and accept full responsibility for any and all injuries, that may occur as a result of my child's participation and release from liability—FOS and any officers, directors, agents, representatives, vendors, sponsors, volunteers and employees. I hereby waive any claim I may have hereafter as a result of my child's participation in volunteering and any other activities connected with their participation. I hereby agree to indemnify all claims, including attorney fees, and costs which may be brought against FOS and any officers, directors, agents, representatives, vendors, volunteers and employees by anyone claiming to have been injured as a result of my child's volunteer activities.

Print Name of Parent/Guardian: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Date: _____

Friends of Strays, Inc.

Effective as of the date show below, approval for past use and permission for present and future use is being granted to Friends of Strays, Inc. to use photographs/video or other images taken of (Print Name) _____ (the Photographed Party), as more fully explained in this Consent and Release. The Photographed Parties are adults and fully authorized to sign this Consent and Release.

For value received, receipt of which is hereby acknowledged, the Photographed Parties hereby grants consent to Friends of Strays, Inc., its agents, employees, licensees, and successors in interest and authorize the use of any and all photographs taken of the above mentioned, and any reproduction of them in any form in any media whatsoever and in and derivative work based thereon throughout the world, and to use them to publicize, promote, and advertise, including but not limited to use for point of sale advertising. The photographs will be used for promotional purposes only. They will not be used to generate income for Friends of Strays, Inc. The Photographed Parties also consent to the video creation credit belonging to Friends of Strays, Inc. The photos/video belongs to (Print Name) _____ (the Photographed Party).

The Photographed Parties hereby release any and all claims whatsoever in connection with the use of the photographs/video and name and the reproduction thereof as aforesaid. The Photographed Parties hereby waive any rights to inspect and/or approve social media platforms, websites, and/or other media outlets that may use be used in connection therewith or the use to which it may be applied.

THE PHOTOGRAPHED PARTIES WARRANT THAT THEY ARE THE UNDERSIGNED AND THAT THEY HAVE READ THIS CONSENT AND RELEASE PRIOR TO THE SIGNING OF THIS DOCUMENT, THAT THE UNDERSIGNED UNDERSTANDS IT, AND THAT THE UNDERSIGNED FREELY ENTERS INTO THIS CONSENT AND RELEASE.

Signed _____ (Date) _____