

PETS/FRIENDS FOR LIFE VOLUNTEER INFORMATION



PLEASE PRINT:

Last Name: _____ First Name: _____

Address: _____

Telephone: _____ e-mail: _____

Emergency Contact: _____ Phone #: _____

Have you volunteered before? **Yes No** If yes, where? _____

Do you have any experience with animals? **Yes No** If yes, how _____

Do you have any allergies? **Yes No** If yes, please explain _____

Have you been convicted of a criminal offence? **Yes No** If yes, please explain _____

Why do you wish to volunteer here? _____

How much time can you commit to volunteering? _____

1 month ___ 3 months ___ 6 months ___ / Daily ___ Weekly ___ Monthly ___ Indefinite ___

***I am 18 years of age Yes ___ No ___ Date of Birth if under the age of 18 _____

WAIVER OF LIABILITY FOR PETS/FRIENDS FOR LIFE VOLUNTEERS

I, _____, agree to freely work as a volunteer with Pets/Friends for Life (PFFL), and in doing so, agree to comply with all policies, rules and regulations which may be established by PFFL from time to time. I also understand that failure to comply with said regulations may result in my immediate termination and release as a volunteer from this organization. I understand that each volunteer experience will be between 2-3 hours.

____(initial) I acknowledge that my services are provided on a strictly volunteer basis without payment or compensation of any kind. I acknowledge that all services performed by me are done at my own risk and without liability of any nature on behalf of PFFL. I also understand that I may refuse to perform any duty or task that I feel may place me or anyone else at personal risk.

____(initial) I understand that in handling animals or by performing any other volunteer task, there exists risk of injury or personal harm. PFFL reasonably mitigates risks to volunteers. On behalf of myself, my heirs, personal representatives or executor, I hereby release, discharge, indemnify and hold harmless Pets/Friends for Life, including its Directors, Executive and other volunteers, from any and all claims, causes or action or demands if any nature or cause, including costs and attorney fees incurred or sustained by me in any way connected with my services for Pets/Friends for Life including but not limited to animal bites, accidents or injuries incurred on the premises. I understand that I may not be under the influence of alcohol or cannabis while performing volunteer services in the shelter.

____(initial) I also understand that public relations are an important part of the work of PFFL. On behalf of myself, my heirs, personal representatives and executors, I agree to allow PFFL to use any photograph, video footage or other visual representations of me in my volunteer service without compensation as aids in public relations and adoption efforts. Photographs taken in the shelter of cats/kittens are property of PFFL. Use of electronic devices such as cell phones is prohibited unless permission is given by a director.

RABIES EXPOSURE DISCLAIMER

____ (initial) I understand that as a volunteer with Pets/Friends for Life, that while I am handling any animal in the care of the PFFL shelter, I could be at risk of coming in contact with an animal carrying the rabies virus. I understand that PFFL will take every effort to ensure that any animal handled by me is in good health and free of any disease but that PFFL cannot guarantee the health or disposition of any animal in the care of the PFFL shelter.

____(initial) I understand that it is my responsibility to immediately report any bite by any animal in the care of PFFL to a PFFL Director who will then follow all policies and procedures to quarantine the animal and contact the Health Unit as required if the animal does NOT have a current rabies certificate.

CONFIDENTIALITY

____(initial) The volunteer acknowledges that they may have access to confidential information regarding the animals, volunteers, donors, operational procedures and other types of Pets/Friends for Life information. Information acquired during volunteer work for the shelter is strictly confidential and may NOT be discussed with people or organizations outside of the Pets/Friends for Life shelter. Photo images acquired in the shelter by the volunteer may not be reproduced without the permission of a Director. Failure to comply with strict confidentiality will result in immediate termination of volunteer services and could result in legal action. Feel free to bring any questions or concerns to the attention of a Director.

*****BASIC NEEDS PLEDGE*****

____(initial) I pledge to provide basic needs to the animals in my care while volunteering my services for Pets/Friends for Life. Each cat and kitten in the shelter must **EACH DAY** receive **BASIC NEEDS** attended to. These **basic needs** are:

Providing fresh soft food, dry food
Clean litter daily
Toys

Fresh WATER daily
Fresh bedding

I, _____(please print name), have read the policies and waivers listed above and understand their content. If requested, I agree to show photo ID.

SIGNATURE:_____

DATE:_____

SIGNATURE OF GUARDIAN:_____
(Requires for volunteers under the age of 18)

SIGNATURE OF PFFL DIRECTOR:_____

NAME OF PFFL DIRECTOR:_____