Volunteer Application Hold Harmless Agreement



Depending on the area of interest, volunteers may be asked to become oriented PRIOR to beginning service hours. Additionally, a follow-up orientation may be required if necessary.

Thank you for your interest in providing support to benefit rescued pets!

Pay It Forward For Pets 1496 N. Portage Path Akron, Oh44313 234.706.5501 www.payitforwardforpets.org

VOLUNTEERS ARE COMMUNICATED WITH THROUGH E-MAIL

Name	Email		
Address	City	Zip Code	
Home Phone Cell _		Birth date	
Emergency Contact	Phone	Relationship	
Are you currently employed? (circle one) Yes / No. Mag	y we contact you	ou at work? Yes / No. If yes, phone?	
Employer's Name and Address			
Job Title & Responsibilities			
Volunteer/ Background Information:			
How did you hear about Pay It Forward For Pets?			
Have you ever volunteered with animals before? (circle	one) Yes / No.	If yes, where and for how long?	
Volunteer work you have done?			
Have you ever been convicted of a crime? (circle one)	Yes / No. If yes	s, explain:	
List any physical or psychological conditions that may a	ffect your volunt	iteer work?	
Please check the volunteer opportunities you would like	e to participate in	in:	
Animal Care - cleaning cages, bathing dogs, brushing	g cats, general c	cleaning)	
Dog Walker - walking dogs, taking dogs to the park,	socializing dogs)	s)	
Foster Care - keeping pets in your home until ready	for adoption) N	Note: this is a rare/random need	
Fundraising Volunteer - assist in planning fundraising	g events or repre	esent Pay It Forward For Pets at an event	
What hours would you like to volunteer? Mon: Tu	ues: Wed:	: Thurs: Fri: Sat: Sun:	
How many hours per week do you plan to volunteer?			
List special skills you believe might benefit PIFFP?			

All volunteers must adhere to the following policies:

- 1. Respect the animals, staff, and the public we serve.
- 2. Respect the Policies and Procedures of the Pay It Forward For Pets.
- 3. Follow all rules and guidelines for my own safety and the safety of others, including the animals.
- 4. Notify a manager of any concerns, comments, or questions regarding my volunteer experience.
- 5. Respect the confidentiality, privacy, and welfare of those we serve.
- 6. Understand that Pay It Forward For Pets reserves the right to "discharge" a volunteer at any time.

Statement of Agreement/General Release or Waiver (Please read carefully and sign).

I am interested in serving as a volunteer for *Pay It Forward For Pets* and I am prepared to receive any necessary training and supervision to protect the animals and myself. I will hold *Pay It Forward For Pets* harmless if I incur an injury while working as a volunteer.

The undersigned volunteer (the "Volunteer") realizes <u>Pay It Forward For Pets</u> is a non-profit organization and believes in the humane solution for homeless pets. The organization is dedicated to rescue efforts and saving the lives of pets in imminent danger of euthanasia. Additionally, spaying/neutering and adoption of homeless pets.

- 1. Volunteer assumes full responsibility for any and all injuries Volunteer may sustain while serving as a volunteer at the *Pay It Forward For Pets Doggie Daycare and Overnight Boarding facility*; as well as off-site when assisting with events.
- Volunteer assumes full responsibility for any and all medical costs associated with injuries sustained as a Volunteer, whether "at or away" from the Pay It Forward For Pets Doggie Daycare and Overnight Boarding facility, subject to coverage under any medical insurance carried by the Volunteer personally or by the Volunteer's employer.
- 3. Volunteer hereby <u>RELEASES</u> Pay It Forward For Pets from any all claims for personal injuries while a Volunteer at the Pay It Forward For Pets Doggie Daycare and Overnight Boarding facility or while performing volunteer activities at events away from the facility.
- 4. <u>REMINDER</u>: you must be 18 years old to volunteer. Anyone under the age of 18, must be accompanied by their parent or guardian when performing service hours at all times.

Volunteer Signature	Date	
Signature of Parent of Guardian if under the age of 18:		
Parent / Guardian Signature	Date	

Internal Use Only Notes:

