



VOLUNTEER APPLICATION

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Age: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Employment: _____

Are you presently attending School? Yes No

Name of School: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Do you have any allergies or special needs we should know about?

AREAS TO VOLUNTEER:

Please let us know what areas you are interested in volunteering:

- Fostering dogs/cats in your home
- Adoption Fairs
- Transport animals to other rescues
- Fundraising
- Event Planning
- Grant Writing
- Education/Visiting Schools and Youth Groups

Animal C.A.R.E. Foundation (ACF)

P.O. Box 105

Welcome, NC 27374

WAIVER

As a volunteer I will be representing the **Animal C.A.R.E. Foundation (ACF)** and will strive to conduct myself in a respectful manner. I will treat all animals that are in my care with the utmost respect and will never handle them in a rough unkind manner. If I can no longer volunteer, I will agree to return all property within 1 week of resignation (animals, crates, kennels, traps). I, the undersigned, assume the risk of being bitten, scratched, or injured in connection with my **ACF** volunteer work. **ACF** is not liable to me or my guardian for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with my **ACF** volunteer activities, I will indemnify, defend and hold the **ACF** harmless from and against my claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any animal or person in connection with my intentional misconduct or grossly negligent performance of my volunteer activities. It is further agreed and understood that I shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to myself as a result of participation in any and all activities at the **ACF** as aforesaid. I also agree that if I do not maintain in full force in and effect a policy of insurance, I am still liable for medical treatment and all related costs in the event of an injury to myself or any aforementioned minor/s as a result of participation in any and all activities involving the **Animal C.A.R.E. Foundation** as aforesaid.

I agree that I have read and agree to the foregoing.

Printed Name _____

Signature_____Date_____

Parent/Guardian Signature (if under 18)

_____Date_____