

Animal Rescue of Crosby County Volunteer Application

Note: Please fill out application completely. Thank you.

Name: _____

Phone Number: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____

Email: _____

DL Number: _____ **State:** _____

Emergency Contact: _____

Emergency Contact Phone Number: _____

Do you have any physical limitations, allergies or health concerns that will affect your volunteer work?

No Yes If yes –please explain: _____

I am interested in:

_____ Adoption Events

_____ Events

_____ Transporting

_____ Fundraising

_____ Daily Duties (clean cages, socialize animals, walking, playing, feeding)

_____ Other:

References

1.Name: _____

Phone Number: _____

Email: _____

2.Name: _____

Phone Number: _____

Email: _____

Animal Rescue of Crosby County Volunteer Application

As a volunteer with the Animal Rescue of Crosby County (ARCC), I agree to the following terms and conditions:

_____ My services to the ARCC are provided strictly in a voluntary capacity and are furnished without any compensation.

_____ I will familiarize myself and comply with the ARCC policies and procedures applicable to volunteers. ARCC expects high standards of moral and ethical treatment of the animals under its care. I agree to follow the policies, procedures, and safety precautions of ARCC and follow the instructions/directions.

_____ I understand that ARCC, without notice or hearing, may terminate my volunteer services as a volunteer at any time, with or without reason.

_____ I understand the potential safety risks of working with animals and bringing home illnesses within the ARCC foster system to personal pets. I will practice sound health hygiene and adhere to the hygiene policies of ARCC.

_____ If I am caught stealing from the ARCC, I understand I will be prosecuted.

_____ I understand the handling of animals and other volunteer activities on behalf of ARCC may place me in a hazardous situation and could result in injury to me or to my personal property. I agree to hold ARCC harmless of any injury or disease which I might sustain from handling animals during the course of my volunteer duties. On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless the ARCC, its directors', officers' and employees' from any and all claim, causes of actions and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities with ARCC.

_____ Understanding that public relations (PR) is part of my volunteer's activities, I authorize ARCC to use photographs of me for PR purposes.

I _____ agree to a criminal background check.

I _____ have read and understood the above terms and conditions.

Signature: _____

Date: _____

If you are under 18, your parent or legal guardian's signature is needed.

Parent or Legal Guardian Signature:

To be verified by ARCC:

State Driver's License: _____

Driver's License Number: _____

ARCC Representative Signature:
