Thank you for considering volunteering with Abandoned Pet Rescue. We are a not-for-profit, 501(c)3 corporation, which operates a no-kill shelter and foster care program for stray, abandoned, neglected and surrendered dogs, puppies, cats and kittens. We also work cooperatively with other organizations to encourage a low-income spay/neuter program.

Volunteers with a variety of skills are needed to ensure the success of these programs. Visit our web site at www.abandonedpetrescue.org to learn more about the dozens opportunities available. Your help is GREATLY appreciated. Please take the time to fill out this application, read and sign the agreement. This information will help us find the volunteer work that you would enjoy most and to keep you posted on new projects and events. After we review your information, a shelter representative will contact you to discuss the volunteer opportunities that interest you.

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<tr>
<th>Adult</th>
<th>Jr. Volunteer (under 18)</th>
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NAME:

ADDRESS:

TELEPHONE:  FAX:

EMAIL:  BEST WAY TO CONTACT:

How did you hear about APR?

What kind of volunteering are you interested in doing?

☐ Transport  ☐ Dog walking/feeding/care  ☐ Assisting at events  
☐ Clerical  ☐ Cat care  ☐ Fundraising

☐ Other (please explain)

Do you have any experience with training in any of the following related areas?

☐ Dog Training  ☐ Grooming  ☐ Fundraising  ☐ Grant Writing

☐ Animal Rescue  ☐ Kennel Assistant  ☐ Whelping

☐ Other:

Please provide specifics for any areas you checked:

Do you have any specific time available to volunteer or are you flexible?

Have you ever volunteered at another shelter or animal facility and/or do you hold any animal organization memberships? If so, please explain:

What do you do for a living or what specific talents do you possess that you think would be a benefit to the shelter?

Purpose for volunteering:  ☐ Personal choice  ☐ School hours  ☐ Community service

Do you presently own a dog or cat? ☐ Yes  ☐ No
If yes, please describe (if more than three, please list the rest on the reverse):

1. Name  Breed/mix  Sex  Age

If you do not own a dog or cat at this time, have you owned dog or cats in the past? ☐ Yes  ☐ No
VOLUNTEER AGREEMENT

In consideration of this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them:

1. I will abide by the mission, rules, regulations, policies and programs of Abandoned Pet Rescue, Inc., hereinafter referred to as “APR”, while I am a volunteer. I also agree to observe and follow all signs and instructions posted inside the shelter building of APR.

2. If I stop being a volunteer for APR for any reason, or upon the request of APR or its representatives at any time, I will promptly return in good condition all of APR's supplies, equipment, records, money and other items in my possession.

3. I understand that the activity of working with shelter animals is hazardous and involves contact with animals that may be unpredictable. As such, APR cannot be held liable for injuries or accidents that may occur as a result of working with the animals. I assume the risks of being bitten, scratched, injured or frightened by cats, kittens, dogs and puppies, and any infections or complications that may occur as a result, in connection with my volunteer work for APR. APR is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for APR, unless they are the result of APR's gross negligence or intentional misconduct. I will indemnify, defend and hold APR harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for APR, or my breach of APR's rules, regulations, policies and programs.

4. I agree that if I see any dangerous situation at the shelter I will notify APR's Shelter Manager in writing immediately.

5. I understand and agree that APR may refuse volunteer applications for any reason.

6. If I will be sheltering or providing foster care or boarding for any of APR’s animals, I agree to fill out and sign the separate Foster Application and Agreement.

7. I have accurately and truthfully completed this Volunteer Application and Agreement.

8. Any modification to this Agreement must be in writing and signed by all parties. This Agreement is binding upon APR, me and APR’s and my respective heirs, successors, assigns, executors and personal representatives.

PERMISSION AND RELEASE OF LIABILITY FOR VOLUNTEERS UNDER THE AGE OF 18

In consideration of APR offering this volunteer opportunity, I/We agree to the following, intending to be legally bound:

1. My/our child(ren), or child(ren) under my/our guardianship, has enough experience with dogs and/or ____cats and is mature enough to volunteer with APR and to participate in activities with ____ dogs/puppies of all sizes and/or ____cats and kittens.

2. Whenever my/our child(ren), or a child(ren) under my/our legal guardianship, participate(s) in APR activities, I/We hereby release and agree to indemnify, defend and hold harmless APR, its directors, officers, employees, agents and volunteers, and its and their heirs, successor, assigns and personal representatives, from and against liability for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever (the “Losses”), which such child(ren)or any pet or other person might suffer or sustain, except any Losses which are the result of APR’s gross negligence or intentional misconduct.

3. I acknowledge that there are risks that the child(ren) could be bitten, scratched, injured or frightened by the dogs/puppies and/or cats/kittens and I/we assume such risks.

4. I understand and agree that the Shelter may refuse volunteer applications for any reason.

5. I have accurately and truthfully completed this Permission and Release Form.
6. This Permission and Release Form is binding upon me, my spouse, partner and my and his or her respective heirs, successors, assigns, executors and personal representatives.

Date:____________________

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<th>APPLICANT</th>
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IF UNDER 18:

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<tr>
<th>PARENT/GUARDIAN</th>
<th>SPOUSE/PARTNER</th>
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MEDICAL INFORMATION

(Name of Insurer)

(Policy Number)

(Insurer's telephone number)

(Physician’s name)

(Physician's telephone number)