



Nala's New Life Rescue

Volunteer Application

Thank you for offering to volunteer with Nala's New Life Rescue (NNLR). We rely on volunteers to accomplish our mission to help unwanted and abandoned animals find their forever homes. Thank you for completing this application form and for your interest in volunteering with us.

All Volunteer Applicants must complete pages 1 and 2; Only complete page 3 and/or 4 if applicable.

This must be done PRIOR to 1st shift/event attended. Please scan and email to nalasvolunteers@gmail.com as soon as possible so we can review your application. If that is not feasible, please let us know and we will make other arrangements.

Name	
Address	
Phone #	Email

Age if under 18: _____ yrs; Legal Guardian Name (if under 18): _____

Emergency Contact:

Name:	Relationship:	Phone #
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Please indicate the days and times you are usually available to volunteer. You may change this information later. We have volunteer needs at the ranch 7 days a week and special events which happen in the community on weekends and occasionally, during the week.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Mornings							
Afternoons							
Evenings							

Please check any and all things you are interested in helping us with:

Walking/hanging with dogs	<input type="checkbox"/>	Transporting dogs to/from vet app'ts, foster homes, etc.	<input type="checkbox"/>	Writing grant applications	<input type="checkbox"/>
Cleaning kennels	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Administrative support	<input type="checkbox"/>
Assisting at special events	<input type="checkbox"/>	Social media/website assistance	<input type="checkbox"/>	Taking pictures	<input type="checkbox"/>

Please tell us about your experience with dogs (e.g. previous volunteer experience, own dog(s), etc.



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I agree to the following:

I understand that my participation is relied upon, and I will not take my commitment lightly. I understand that failure to satisfy my commitment could hurt the overall operation of the organization. Therefore, I will do my best to provide the rescue with at least a 24 hour notice if I cannot attend a prearranged activity or scheduled shift.

I will perform all duties assigned to me and will let the in-charge volunteer or staff know of any observed needs of the dogs.

I, the undersigned, hereby acknowledge that I am a volunteer and as such do not receive, or expect to receive any payment for the services I perform.

I understand and agree that submitting this application form does not automatically register me as a NNLR volunteer and there may be certain qualifications I must meet including the acceptance of established volunteer policies and procedures before I may begin volunteering.

I agree to comply with the rules and regulations established by NNLR.

I recognize, in handling animals and performing other volunteer tasks, that there exists a risk of injury, including physical harm, caused by the animals. On behalf of myself, personal representatives and executors, I hereby release discharge, indemnify, and hold harmless NNLR, its agents, servants, and employees from any and all claims, causes of action, or demands of any nature or cause. This includes costs and attorney's fees incurred by NNLR in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for NNLR, including but not limited to animal bites, accidents, or injuries. I hereby also consent to and authorize the use and reproduction by NNLR or anyone authorized by NNLR of any and all photographs taken of me while volunteering for any purpose, without compensation. NNLR reserves the right to use these photos in any of its print or electronic publications. By submitting this form I attest the information I have provided is true and accurate.

Name (printed) _____

Signature _____

Date _____

***Note: Page 3 is required for all Volunteer applicants under the age of 18.**



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Youth Volunteer Release of Liability (must be completed by parent/guardian of all volunteer applicants who have not reached the age of 18).

Name of minor Volunteer Applicant: _____

As the parent/guardian of minor, this minor child understands there are certain risks inherent in handling animals, and I and my minor child accept those risks. In consideration of Nala's New Life Rescue, Inc (NNLR) permitting (my/our) minor child to participate as a volunteer and/or work with and around animals kept at the NNLR location of Ludlum Street, Palm City, FL 34990 I, individually and on behalf of this minor, and their heirs, personal representatives, assigns and next-of-kin, hereby release(s), waive(s), discharge(s) and covenant(s) not to sue the NNLR, its officers, employees, members or sponsors (herein after referred to as Releasee(s)) from any and all claims, demands, rights, and causes of action of whatever kind and nature, arising from, and by reason of any and all personal injuries that may be sustained by said minor of Releaser(s), their personal representative, assigns, heirs and next-of-kin, on account of injury or death to this minor while he/she is in or upon the NNLR premises, and/or while working for any purpose participating in volunteer activities for the NNLR. Releaser(s), in making this release hereby assume(s) responsibility for injury or death, of said minor.

Releaser(s) further agree(s) to indemnify Releasee(s) against loss from any and all claims, demands, and actions that may hereafter be made or brought by this minor or any on his/her behalf for the purpose of enforcing a claim for damages on account of any injuries or death which may be sustained while said minor is in or upon the NNLR premises, and/or while working for any purpose participating in voluntary activities for the NNLR. Releaser(s) expressly agrees that this Release of Liability is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of this release is held invalid, the remaining portions shall, notwithstanding, continue in full force and effect. In WITNESS WHEREOF, Releaser(s), execute(s) this Release of Liability on month _____ day _____ year _____.

Parent/Guardian Name(s) (please print):

Signature(s):

Address (if different than page 1):

City _____ State _____ Zip _____



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Community Service - Please check one of the following IF applicable:

Student___ Girl/Boy Scout___ Church___ Court Related___ Other___

If other (type of community service), please explain:

Name of Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

I need to fulfill _____ hours by (date) _____. I understand that Nala's New Life Rescue may not be able to guarantee the total amount of hours needed; therefore, I may need to fulfill additional hours at another facility.

Note: All court related, community service people will be required to have a witness sign their initials in the in/out binder upon arrival, and once again when you leave. If a letter to the court system is needed as proof of fulfillment, then at least a 5-day notice to the volunteer coordinator will be necessary.

Name of Volunteer Applicant (please print): _____

Signature: _____

Date: _____