

RABUN PAWS 4 LIFE, INC. VOLUNTEER INFORMATION
(Please Print)

Name: _____ Date: _____

Check if under age 18. "Waiver of Liability and Media Release Form for Minor" must be signed by a parent.

Mailing Address: _____

City: _____ State _____ Zip Code: _____

Home # _____ Cell # _____

E-Mail Address: _____

Reason for Volunteering: _____

Please check the team areas you are interested in volunteering:

- | | |
|--|---|
| <input type="checkbox"/> Front Desk/Public Relations <input type="checkbox"/> Adoption Team <input type="checkbox"/> Business Office Team <input type="checkbox"/> Off-Site Events/Adoptions/Vaccine Clinics <input type="checkbox"/> Dog - Walking <input type="checkbox"/> Dog - Grooming <input type="checkbox"/> Dog - One on One Enrichment/Socialization <input type="checkbox"/> Fostering Dogs/Puppies <input type="checkbox"/> Cat Socialization <input type="checkbox"/> Cat Grooming <input type="checkbox"/> Cat Room Assistance <input type="checkbox"/> Marketing | <input type="checkbox"/> Kennel Assistance <input type="checkbox"/> General Cleaning - inside building <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Laundry <input type="checkbox"/> Lawn/Outside Runs/Play Area Cleaning <input type="checkbox"/> Transporting Animals - out of state <input type="checkbox"/> Fundraising <input type="checkbox"/> Photography <input type="checkbox"/> Community Education & Outreach <input type="checkbox"/> Fostering Dogs/Puppies <input type="checkbox"/> Fostering Cats/Kittens <input type="checkbox"/> Other: _____ |
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Availability: Please indicate days and times you are available to volunteer.

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------------|-----------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Hours: from to | A.M. Only | Hours: from to | Hours: from to | Hours: from to | Hours: from to | Hours: from to |

Statement of Confidentiality

As a volunteer with Rabun Paws 4 Life, Inc, I will not discuss confidential information as to procedures and policies of Rabun Paws 4 Life, Inc. I will also protect the confidentiality of adoptees and those affiliated with this program. Privacy violations will be dealt with and direct actions will be taken. We reserve the right to termination of the volunteer whom violates this contract.

Volunteer Name: _____

Volunteer's Signature: _____

Date: _____

General requirements for volunteers:

1. All volunteers must complete a volunteer application & volunteer agreement with Rabun Paws 4 Life, Inc.
2. All volunteers must complete a Volunteer Safety Waiver Agreement.
3. All volunteers should feel comfortable with and accept the policies and procedures, which includes the Volunteer Manual, of Rabun Paws 4 Life, Inc.
4. When volunteering, all actions should be a reflection of the values and standards set by Rabun Paws 4 Life, Inc.
5. Volunteers shall not knowingly take actions against the wishes of the active membership as a whole.
6. Volunteers must retain confidentiality of the organization while working with the public.
7. A volunteer must immediately report issues he or she may have with policies, visitors and other staff members or volunteers to appropriate supervisors.

Additional requirements for Rabun Paws 4 Life, Inc. volunteers

1. Rabun Paws 4 Life, Inc. volunteers must be at least 18 years of age or minors with parental consent form and waiver.
2. Volunteers should understand the risk of carrying and transmitting diseases, such as parvo or distemper, to their own animals. A volunteer's pets should be current on all vaccines.
3. Volunteers will report any injuries sustained while working on premises to appropriate supervisors in a timely manner.
4. Volunteers should be current on vaccinations.
5. No volunteer is allowed to bring individuals under the age of 18 on premises while volunteering. Exceptions may be made if previous notice and approval is given by appropriate supervisors and minor release waiver signed by parent/guardian. When volunteering on premises, Rabun Paws 4 Life, Inc. is not liable for any cuts, scratches, falls, animal bites, parasitic infection, exposure to hazardous materials and chemicals or other injuries not previously stated.

6. When volunteering with Rabun Paws 4 Life, Inc., you are reliable for your own safety and well being during procedures such as the meet and greet, adoptee home inspections and care of the animals affiliated with this rescue.
7. Damage to or loss of personal property, including car damage and theft, are not the responsibility of Rabun Paws 4 Life, Inc.

Volunteer Safety Waiver Agreement

- I understand the possibility of risk of transferring disease-causing microorganisms during animal handling activities from Rabun Paws 4 Life, Inc. animals to myself and to my personal animals or vice versa (examples: distemper, giardia, toxoplasmosis, and other parasitic or fungal conditions such as ringworm). I agree to take all precautions to avoid such transfer, and I agree to the importance of having myself and my pets up to date on all current vaccinations, and that I should be in particular up to date on my tetanus vaccination and covered by a health insurance plan. I understand that Rabun Paws 4 Life, Inc. will not be responsible to pay for any vaccination, for my pet or myself.
- I understand that although Rabun Paws 4 Life, Inc. will make every attempt to ensure the safety of their volunteers and animals, rescue animals are by nature unpredictable in their behavior. Therefore, I assume the risks of being bitten, scratched, injured, or frightened by cats, kittens, dogs, and puppies in connection with my volunteer work for Rabun Paws 4 Life, Inc. Neither Rabun Paws 4 Life, Inc., or any of its Directors, volunteers, fosters, or other affiliates are liable to me for any injuries, damages, liabilities, losses, judgments, costs, damage to property or expenses whatsoever that I might suffer or sustain in connection with the performance of my volunteer activities for Rabun Paws 4 Life, Inc. I will indemnify, defend, and hold the Rabun Paws 4 Life, Inc. Directors, volunteers, fosters, or other affiliates harmless from and against any claims, lawsuits, injuries, damages, losses, costs, or expenses whatsoever sustained by any foster animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for the Rabun Paws 4 Life, Inc. or my breach of the Rabun Paws 4 Life, Inc.'s rules, regulations, policies, and programs.

Volunteer Signature: _____

Print Name: _____

Date: _____