



P.O. Box 368186 | Bonita Springs | Florida 34136
 Phone: 239-369-0415 | applications@GRRSWF.org | www.GRRSWF.org

VOLUNTEER APPLICATION

Date:					
Name (Last, First, M.I.):				Age:	
Address:					
City:		State & Zip:			
Daytime Phone:		Evening Phone:			
Email Address:		Occupation:			
Best Time to Call:		Anyone Home During the Day?		Who:	

WHAT ARE YOU INTERESTED IN VOLUNTEERING FOR (CHECK AS MANY AS YOU LIKE)

Foster Care	Medical Care	Transport
Grant Writing	Fundraising	Legal Issues
Social Media	Special Events	Grooming
Home Visits	PR/Marketing	Dog Training

VOLUNTEER PLEDGE

- I will follow the Bylaws, mission statement, policies, procedures, goals and guidelines of Golden Retriever Rescue of SW Florida.
- I will keep safety at the forefront of my volunteer activities, particularly when interacting with dogs and the public. I will report any injuries or incidents to a board member or person in charge and fill out any required paper work of said incident.
- I will use all GRRSWF provided supplies and materials for the use for which they were intended, and not use them for my personal activity or pets.
- I will be conscientious and committed in all of my volunteer activities because others depend on my participation. I will ask for help when needed, and hold myself accountable for completing all tasks assigned.
- I will provide required reports to the Board as may be required for specific volunteer activities.
- I will uphold my responsibility for communicating with other volunteers and the Board of Directors, recognizing that communication is a two-way street.
- I will conduct myself professionally at all times in recognition of my role as an ambassador for GRRSWF both internally and when in public.
- My services to GRRSWF are provided in a strictly voluntary capacity with no expressed or implied promise of compensation or payment of any kind.
- My services to GRRSWF are provided without any employment – type benefits (i.e. employment insurance programs, workers compensation, vacations, or sick time.)

Initials _____ Initials _____

**LIST YOUR EXPERIENCE, QUALIFICATIONS OR
ADDITIONAL COMMENTS**

GOLDEN RETRIEVER RESCUE OF SOUTHWEST FLORIDA

1. In consideration of Golden Retriever Rescue of Southwest Florida providing the opportunity to serve as a volunteer for the organization, the undersigned does/do hereby release, remise and forever discharge, indemnify and agree to HOLD HARMLESS WAIVE, DISCHARGE, and COVENANT NOT TO SUE Golden Retriever Rescue of Southwest Florida (GRRSWF), their officers, board of directors, volunteers and members, herein after referred to as RELEASEES, from any claim, demand or cause of action whether now in existence, or hereafter arising for any loss of personal property, injury or death, arising out of resulting from, caused by or contributed to in whole or in any part by any action or failure to act, negligence, breach of contract, or other misconduct on the part of GRRSWF, its officers, board of directors, volunteers and members.

2. We recognize and acknowledge that certain risks of harm are or may be inherent in the various activities involved in serving as a rescue volunteer and that GRRSWF cannot control all of these risks. We are aware that some animals can pose dangers to people and other animals. Such dangers may include, by way of example and not limitation, animals that can bite, trip, knock down, and fight. Additionally, indoor and outdoor surfaces can become slippery, equipment can trip, other persons may fail to control their dogs. Activities involving dogs may result in injury or damage to property.

3. It is my/our express intent that this Release and Hold Harmless Agreement shall bind the members of my/our family if I am alive, and my heirs, assigns and personal representative, if I am not alive. It shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida.

4. I UNDERSTAND THAT GRRSWF WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH ANY INJURY THAT I MAY SUSTAIN.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I/we have read the foregoing Waiver of Liability, Hold Harmless Agreement, understand it and sign it voluntarily as my/I own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent or, if I am under eighteen(18) years of age, my parent or legal guardian's approval and signature has been obtained; and I/we execute this Release for full, adequate, and complete consideration fully intending to be bound by the same.

Signed this _____ (date) day of _____ (month/year).

Every adult who resides in your home must print and sign below.

Signature: _____ Date: _____

Name Printed: _____

Signature: _____ Date: _____

Name Printed: _____