

ANIMAL DISASTER SERVICES VOLUNTEER APPLICATION
RELEASE OF LIABILITY & HOLD HARMLESS AGREEMENT

PLEASE PRINT CLEARLY

PERSONAL INFORMATION:

Name (First, Middle Initial, Last): _____

Date of Birth (Volunteers must be at least 18 years of age): _____

Physical Address (Required for time and attendance reporting):

City: _____ Zip Code: _____

Cell phone: _____ Receive texts: Y / N

Home phone: _____ Email: _____

EMERGENCY CONTACT INFORMATION:

Emergency Contact: _____ Relationship: _____

Primary phone: _____ Secondary phone: _____

ANIMAL HANDLING EXPERIENCE:

Please circle all that apply:

Dogs Cats Rabbits Guinea Pigs Hedgehogs Sugar Gliders

Reptiles (Please specify): _____

Birds (Please specify): _____

Others (Please specify): _____

Have you ever volunteered in a disaster? Y / N

If yes, please describe: _____

Do you have any specialized training? Y / N

If yes, please describe: _____

Do you volunteer with any other animal related organizations? Y / N

If yes, please list: _____

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I, _____, hereby acknowledge that I have voluntarily applied to Animal Disaster Services, Inc. (A.D.S.) to be an active volunteer, participating in meetings, trainings, events, and evacuation shelters to which A.D.S. may schedule, attend, and/or respond.

I am aware that volunteering during disaster situations may be hazardous and I am voluntarily participating in these activities with full knowledge of the nature of the potential dangers involved. I agree that my safety is dependent upon my awareness of my surroundings at all times and that it is my responsibility to use caution and take proper care of myself. I further understand that engaging in this volunteer service is an acceptance of risk of injury.

In consideration of being permitted to perform such volunteer services for A.D.S., I voluntarily and knowingly sign this waiver with the express understanding of waiving all rights or causes of action involving, without limitation, bodily injury to myself, or property damage while I am engaged, directly or indirectly, in such volunteer services, whether caused by the negligence of A.D.S., its officers, directors, agents, and/or volunteers.

Further, I shall indemnify, defend, and hold harmless A.D.S. and its officers, directors, agents, and volunteers from and against any and all liability, damage, loss, cost, and expense incurred as a result of any claim, demand, or cause of action brought against A.D.S., its officers, directors, agents, or volunteers, jointly or individually, for bodily injury or property damage suffered as a result of my negligent, reckless, or willful action in the performance of volunteer services or as a result of the failure to perform the volunteer services.

I have carefully read this agreement and fully understand its content. I am aware this is a release of liability and a contract between myself and Animal Disaster Services, Inc., and I sign it of my own free will.

Volunteer's Signature: _____ Date: _____

Volunteer Print Name: _____

For Internal Use Only:

Contact information submitted to Yavapai County: Date: _____

Choice Screening background check completed: Y / N

Yavapai County volunteer intake packet completed: Y / N

Yavapai County volunteer number: _____