

# Halfway Home Animal Rescue

## Volunteer Application

*\*HHAR retains the right to refuse a volunteer position.*

### Contact information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Parent or guardian's name if under 18: \_\_\_\_\_

*\*individuals must be 18 or older to volunteer without a parent present.*

Emergency contact name: \_\_\_\_\_

Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Volunteering information

Do you have animal experience? \_\_\_\_\_

If yes, please list types of animal experience \_\_\_\_\_

Do you have experience volunteering with a rescue program? \_\_\_\_\_

Will your volunteer work fulfill an obligation? \_\_\_\_\_

If so, what is the obligation? \_\_\_\_\_

Do you have a valid driver's license and insurance? \_\_\_\_\_

If yes, would transporting animals, supplies, etc. be of interest to you? \_\_\_\_\_

Do you have any allergies or medical conditions that we should be aware of?

If yes, please explain \_\_\_\_\_

Please fill in times next to the days you are most likely able to volunteer?

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Please check all of the following that you are willing and able to do:

\_\_\_\_ play with/pet/groom cats

\_\_\_\_ transport

\_\_\_\_ play with/pet/groom dogs

\_\_\_\_ pick up donations

\_\_\_\_ cleaning kennels/cages

\_\_\_\_ events and fundraisers

\_\_\_\_ clean bowls, buckets, laundry, etc

\_\_\_\_ photography

\_\_\_\_ maintenance

If something else interests you, please explain. We're open to all ideas!

## Halfway Home Animal Rescue Volunteer Release Form

I hereby release, indemnify, and hold harmless HHAR, its president, volunteers, successors, legal representatives, sponsors, and supervisors of all its activities, from any and all claims, causes of action, and liability arising from or in any way connected with my volunteer participation with Halfway Home Animal Rescue. I understand that I am expressly assuming all risk, including but not limited to all risk of injury and disease associated with my volunteer participation. I further grant HHAR permission to use, without cost, any photographs, videos, or audio taken of me during my volunteer services.

Volunteer signature: \_\_\_\_\_

\*If under 18 years of age please complete the following:

Date of birth: \_\_\_\_\_

Parent or guardians signature: \_\_\_\_\_