



Saving Lives
Joining Hearts

Four Paws to Love
PO Box 7865
Santa Cruz, CA 95061
Phone: 831.216.8987
Fax: 831.515.3475
Email: info@fourpawstolove.org
Website: www.fourpawstolove.org

VOLUNTEER APPLICATION

Name _____ Date _____

Street Address (no PO Box) _____

City _____ Zip _____ Email _____

Home phone _____ Cell phone _____

Text OK? Yes No

Employer _____ Work phone _____

Driver license or state ID# (*please attach a photocopy*) _____

What is the best way to contact you? E mail Cell ph Home ph Work ph

(*Please be aware that EMAIL is our primary source of communication.*)

Emergency contact _____ Phone(s) _____

References

List the names and phones of two business, volunteer work, or personal references:

1. Name _____ Phone(s) _____

Title _____ Relationship _____

2. Name _____ Phone(s) _____

Title _____ Relationship _____

Volunteer Interests

Please check volunteer position(s) that you are interested in:

Foster Care Adoption Fairs Technology Special Events Administrative

Other _____

Signature _____ Date _____

The above information is true and correct to the best of my knowledge.

AGREEMENT

This agreement is entered into with Four Paws to Love (hereinafter FPTL) jointly by the undersigned _____ (print your name), in order to permit the Volunteer to participate in the FPTL Volunteer Program. This Agreement is for the benefit of FPTL and each of its staff members, employees, officers, directors, agents, and representatives (known individually as an "Indemnitee" and collectively as "Indemnitees").

Volunteer represents and warrants that Volunteer has current medical insurance coverage and agrees to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

FPTL feels it is important to have a tetanus vaccination before joining the volunteer team. I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release FPTL rescue from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decision I make is at my own risk.

Volunteers represent and warrant that each of them has the authority to enter into this agreement.

Volunteers have been advised that the activity of working with rescue animals is hazardous and involves contact with animals that are unpredictable. As such, FPTL cannot be held liable for injuries or accidents that may occur as a result of working with the animals. Volunteers understand that the following are some, but not all, of the risks associated with working with FPTL:

Bites or scratches from dogs, cats, rabbits, rodents, reptiles, and birds. Being knocked down or pulled excessively by a dog. Injuries relating to wrist/hand/fingers from a dog leash. Slips/trips/falls. Flea/tick bites. Ring worm infestation. Internal or external parasites. Zoonotic illnesses (human illness contracted from animals). Animal illness exposure to animals at home. Injuries related to lifting animals, food, litter, or equipment. Injuries caused from grooming equipment-such as clippers, shears, driers, etc. Exposure to cleaners, latex gloves, bleach, and parasite control products. Exposure to or incidents relating to the public (outbursts, inappropriate contact). Exposure to or incidents relating to the volunteers (outbursts, inappropriate contact). Loss of personal property. Damage to clothing from animals, cages, chemicals, etc.

Volunteers are aware that injuries, loss of or damage to personal property, and death may occur as a result of Volunteer's participation. Volunteers agree that FPTL and Indemnitees shall not be held responsible or liable for any personal injury or other injury, including death; damage, loss, or expense to Volunteer or his/her property, whether or not such injury, death, damage, loss, or expense is caused by negligence of FPTL, any Indemnitee, or a third party. I understand that if I am injured while acting as an unpaid member of the volunteer staff, that I am not covered by California State Worker's Compensation Law. My services to FPTL are provided strictly in a voluntary capacity as a Volunteer, and without any express or implied promise of salary, compensation, or other payment of any kind whatsoever. My services are furnished without any employment-type benefits, including employment insurance programs, worker's compensation accrual in any form, vacations, or sick time.

Volunteers and their heirs, executors, and administrators agree to hold harmless each Indemnitee against any and all manner of legal actions, such as suits, debts, claims, or liability of any kind incurred while the Volunteer participates for FPTL. On behalf of myself, and my heirs, personal representatives, and assigns, I hereby release, discharge, and indemnify and hold harmless FPTL and its directors, officers, employees, and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my Volunteer activities on behalf of FPTL.

Volunteers fully, completely, and unconditionally waive and release each Indemnitee from all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any

kind that Volunteers may have now or in the future against FPTL or any Indemnitee relating to participation with FPTL.

FOUR PAWS TO LOVE WAIVER, RELEASE, AND INDEMNIFICATION

Volunteers represent and warrant that he/she is physically and mentally fit to safely work with animals and public for FPTL. Should an accident or other medical emergency, injury or illness occur while participating with FPTL or while Volunteer is en route to or from FPTL-sponsored events and FPTL staff or Board members are unable to timely reach Emergency Contacts for medical authorizations, then Volunteer hereby gives consent for FPTL staff or Board members to authorize necessary hospitalization and medical treatment, including but not limited to, injections, anesthesia, surgery, and medication.

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If any provision of this Agreement is found to be unenforceable in any way, it shall be enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

Volunteer: _____ **Date:** _____
(Signature)

Parent's Name (if volunteer is under 18): _____

Parent's signature (if volunteer is under 18): _____

Parent's home phone: _____ Cell phone: _____

Volunteer's Medical Information

(Company name of insurer)

(Insurer's telephone number & address)

(Name of primary policyholder)

_____ (Policy number) _____ (Group number)

(Physician's name)

(Physician's telephone number)

I prefer not to provide my medical information (please initial) _____

Please scan and email your completed application to Info@fourpawstolove.org.

You may also fax your application to (831) 515-3475, mail to our PO Box or drop it by in person at one of our adoption events at PetSmart on Saturdays from 2-5pm.