

# Volunteer Application



Contact Info												
Name												
Address												
City/State/Zip												
Phone												
Email												
Emergency Contact												
Relationship to You												

Availability														
Monday			Tuesday			Wednesday			Thursday			Friday		
Morn	Noon	Eve	Morn	Noon	Eve	Morn	Noon	Eve	Morn	Noon	Eve	Morn	Noon	Eve

Interests/Special Skills		
Medical: Assist w/ surgeries		List any special skills or volunteer experience you have had?
Medical: Recovery of Animals		
Clinic: Clean/Steralize Instruments		
Clinic: Administrative		
Clinic: Wellness Clinics		

## Volunteer Release Form

I hereby agree to accept a position as a volunteer for the SNIP Society NFP and in doing so, I agree to comply with all of the policies, rules, and regulations established by SNIP Society NFP. I understand that failure to do so may result in my immediate termination as a volunteer. I acknowledge that my services are provided strictly on a volunteer basis, without any compensation of any kind and without liability of any nature on behalf of SNIP Society NFP.

I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury including physical harm caused by the animals. I hereby release, discharge, indemnify and hold harmless SNIP Society NFP, its directors, officers, agents, employees and volunteers from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorney's fees incurred by SNIP Society NFP in connection with the same, based on damages or injuries which may be incurred, or sustained by me in any way connected with my volunteer services for SNIP Society NFP, including, but not limited to, animal bites, accidents, injuries, or personal property damage.

Name (printed)	Signature
Date	Guardian Signature (If under 18)

## Public Relations Release Form

I understand that public relations are an important part of volunteering at the FVAWL and allow FVAWL to use any photographs/video taken of me in volunteer services for use in public relations efforts. SNIP Society NFP will use reasonable efforts to notify me, but such notifications are not a condition of the photograph or video's release for public relation purposes.

<b>Name (printed)</b>	<b>Signature</b>
<b>Date</b>	<b>Guardian Signature (If under 18)</b>

## Tetanus Shot Vaccination Form

I certify that my last Tetanus shot was received within the last nine (9) years. Alternatively, I understand that failure to acquire and remain current on a Tetanus shot places me at risk and I hereby agree to hold harmless SNIP Society NFP, its directors, officers, agents, employees and volunteers from any responsibility or liability for any and all illness, injuries, or death as a result.

<b>Name (printed)</b>	<b>Signature</b>
<b>Date</b>	<b>Guardian Signature (If under 18)</b>