**C.A.R.E. Center for Animal Rescue and Education**

111 Main Street

Acushnet, MA 02743

www.caresouthcoast.com

(508) 994- 0220

**Volunteer Application**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | **Date:** | |  | |
| **Phone #:** |  | | | | **Email:** | |  | |
| **Address:** |  | | | |  | |  | |
|  |  | | | | | | | |
| **Please tell us a little about yourself:** | | | | | | | | |
|  |  | | | | | | | |
| **Educational Background:** | | | | | | | | |
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|  |  | | | | | | | |
| **Occupation:** | | | | | | | | |
|  |  | | | | | | | |
| **Hobbies/Interests/Special Skills:** | | | | | | | | |
|  |  | | | | | | | |
| **Previous Volunteer Experience:** | | | | | | | | |
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|  | | | | | | | | |
| **Do you have any previous experience caring for animals and/or working with another humane group?** | | | | | | | | |
| **What makes you interested in volunteering for C.A.R.E. South Coast?** | | | | | | | | |
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| **How can C.A.R.E. make this a rewarding experience for you?** | | | | | | | | |
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| **Have you ever been investigated or convicted of an animal related crime? If so, please explain:** | | | | | | | | |
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|  | | | | | | | | |
| **What are the days/times you would like to volunteer?** | | | | | | | | |
| Monday am/pm | | Tuesday am/pm | | Wednesday am/pm | | | | Thursday am/pm |
| Friday am/pm | | | Saturday am/pm | | | | Sunday am/pm | |
|  | | | | | | | | |
| **Are you interested in: (please circle)** | | | | | | | | |
|  | | Direct animal care | | | | Adoptions | | |
|  | | Fundraising | | | | Publicity | | |
|  | | Transporting animals to appointments | | | | Distribution of posters/flyers | | |
|  | | Phone and paperwork | | | | Fostering kittens/cats | | |
|  | | Managing files/medical paperwork | | | | Grant Writing | | |
|  | | | | | | | | |
| **Do you have any restrictions that we should know about in order to make your volunteer experience as enjoyable as possible?** | | | | | | | | |
|  | | | | | | | | |
| **Please provide a reference who we can contact:** | | | | | | | | |
| **Name:** | | | | | | | | |
| **Phone:** | | | | | | | | |
| **Email:** | | | | | | | | |
|  | | | | | | | | |
| **Volunteer Applicant Signature:** | | | | | | | | |
| **Date:** | | | | | | | | |
| **Parent/Guardian Signature if Volunteer is under the age of 18:** | | | | | | | | |
|  | | | | | | | | |

**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING FOR C.A.R.E.!**

**The Center for Animal Rescue and Education, Southcoast**

**111 Main Street, Acushnet, Massachusetts 02743**

**CARE, Southcoast Volunteer Waiver of Liability**

I, the undersigned, wish to participate as a volunteer with the CARE, Southcoast (“CARE”), a non-profit organization. As a volunteer, I understand that there is a potential risk involved while participating in events/volunteer duties. Volunteer duties include, but are not limited to, transporting live animals, performing evaluations on live animals, overseeing/conducting meet and greets with live animals and potential foster or adoptive families, providing medical care to live animals, fostering live animals, performing meet and greets with multiple live animals, walking live animals, temporarily caring for live animals, doing home visits with or without live animals, processing applications, entering data, being present and handling live animals at adoption events or fundraising events, etc. I understand that CARE represents the temperament of each cat and dog to the best of our knowledge however animals can be very unpredictable. I understand that CARE, board members, volunteers, foster families and affiliates are not responsible for the behavior, response, or action of any animal in any given situation whether or not alleged to be caused or contributed to by the **NEGLIGENCE** of CARE or its volunteers. I acknowledge the risks involved in adopting or taking custody of rescue animals or any animals due to their natural propensities. As a volunteer I will follow every safety precaution to keep myself, the animals and others safe. I understand that I handle all animals at my own risk. I also understand that I volunteer and participate in events at my own risk. I voluntarily and knowingly sign this waiver, releasing CARE, and its board members, volunteers, foster families and affiliates of any and all liability, expense, damage, loss or cost as a result of any claim brought against C.A.R.E whether as a result of negligence, willful action or recklessness. I will not hold C.A.R.E liable for any emotional, physical, personal or property damage suffered while volunteering, both directly and/or indirectly. I further agree that no other person, including but not limited to a spouse, family member, friend or other volunteer/member on my behalf, will hold C.A.R.E liable for any accident, damage, bodily injury or even death (including attorney’s fees) that arises from my voluntary service for C.A.R.E.

Initial any of the following that apply:

\_\_\_\_\_I certify that I am of at least eighteen (18) years old and sign this waiver of my own free will.

­­­­­\_\_\_\_\_I certify that I have my own health insurance to cover any and all medical bills that I might incur while volunteering both directly and indirectly for CARE.

\_\_\_\_\_ I certify that I do not have health insurance and will not sue for any medical bills that I might incur while volunteering both directly and indirectly for CARE.

\_\_\_\_\_I certify that I have my own automobile insurance to cover any and all medical and property damage expenses in the unlikely event of a car accident while in the service of volunteering for CARE.

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Signature Printed Name Date

Parental/Guardian Signature required if volunteer is under the age of 18

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Signature Printed Name Date