

**Whip City Animal Sanctuary**

*Volunteer Information, Emergency Contact & Release of Liability Form*

**Volunteer Information** (please print)

Date of Birth: \_\_\_\_\_ (Volunteers 14 & under must be accompanied by a parent or guardian)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

For your safety, should we be aware of any medical conditions? \_\_\_\_\_

**Emergency Contact(s)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Do you have any experience caring for animals?

When are you available to volunteer? (Circle all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM	7:00 AM	8:00 AM
12:00 PM	12:00 PM	12:00 PM	12:00 PM	12:00 PM	10:00 AM	10:00 AM
3:30 PM	3:30 PM	3:30 PM	3:30 PM	3:30 PM	12:00 PM	12:00 PM
6:30 PM	6:30 PM	6:30 PM	6:30 PM	6:30 PM	3:30 PM	3:30 PM
					6:30 PM	6:30 PM

Other ways to volunteer:

Web Design      Fundraising      Photography of Animals      Ideas appreciated!

# **VOLUNTEER AGREEMENT & LIABILITY RELEASE**

I agree and release the Whip City Animal Sanctuary from the following:

I acknowledge that as a volunteer, I perform the services to which I am assigned of my own free will, without promise, expectation or receipt of remuneration.

I recognize that as a volunteer I represent the sanctuary. I accept responsibility for this status and will conduct myself in a professional manner. I acknowledge that there is a smoke free policy in the barn.

I agree to maintain the confidentiality of all volunteers, guests and donors about whom I have personal or identifying information.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and/or intimidation. I will maintain an atmosphere of physical and emotional safety for everyone associated with the sanctuary including but not limited to volunteers, guests and visitors.

I acknowledge that Whip City Animal Sanctuary is an organization providing care to unwanted animals who may have been abused in the past. I understand that *I must report* if I have ever been indicted or convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense, or animal abuse/neglect.

I understand that my activities as a volunteer may include but are not limited to physical activity, contact with unidentified and unfamiliar persons and animals and may participate in activities that have potential risk of injury. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury without any recourse to or against Whip City Animal Sanctuary.

I hereby release Whip City Animal Sanctuary, its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from all actions, claims, suits or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have arising out of, based upon or relating to my participation as a volunteer.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

**Volunteer Signature\*** \_\_\_\_\_

**Date** \_\_\_\_\_

*\*For volunteers under 18, a parent or legal guardian's signature is required*

**Parent/Legal Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## **Parental Consent**

I give my consent for my child, named on page one of this application, to provide volunteer services to Whip City Animal Sanctuary. I also give Whip City Animal Sanctuary my consent to obtain any emergency medical treatment necessary for the safety of my child.

**Signature of Parent/Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_

**Printed name of Parent/Guardian** \_\_\_\_\_

## **Statement of Non-Discrimination**

Whip city Animal Sanctuary adheres to the policy that all volunteers shall be considered without regard to race, color, sex, ethnic, national origin, physical handicap, or disability.

**Please return completed and signed application to:**

**Robin Plourde at  
Whip City Animal Sanctuary  
232 Montgomery Road  
Westfield, MA 01085**