

**Volunteer Application**  
**Out of the Box Animal Rescue**

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

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

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

Emergency Contact Information: Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**VOLUNTEER INFORMATION:** Please circle the volunteer activities you are interested in.

Dog Walker/Exerciser Bathing/Grooming, Cat Cuddling, Clerical, Greeter.

Other: \_\_\_\_\_

Please list any training, experience, education, hobbies, skills, or interests that might apply to our organization:

I can volunteer \_\_\_\_\_ hours per: Circle Days of the week you are available: Monday Tuesday  
Wednesday Thursday Friday Saturday Sunday

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We have 2 shifts available: 9:00 am. or 4:00 pm. Are you available at either of those times? If not, when are you available? Comments: \_\_\_\_\_

By signing this form, it is understood that you are not an employee or agent of Out of the Box Animal Rescue, Inc. and may terminate this volunteer agreement at any time. As an unpaid volunteer, you are required to immediately report any injury you experience.

Some volunteer tasks may include lifting, bending, or carrying cages or other heavy supplies as well as handling, grooming or moving large animals. Some volunteer positions require the ability to safely return animals to their appropriate cages/kennels and to read kennel cards. Volunteers must be alert at all times around unpredictable animals and able to communicate with employees and the public.

Do you have any allergies, health/physical condition(s), disabilities or psychological limitations which may restrict your activities as listed above or put you in any sort of danger? Yes\_\_\_ No\_\_\_ If Yes, list special accommodations needed: \_\_\_\_\_

Thank you for applying to volunteer with Out of the Box Animal Rescue, Inc. In signing this application, I understand and agree:

- To attend the required training and to abide by the Out of the Box Animal Rescue Volunteer Program policies and procedures;
- To follow written and oral directives of Out of the Box Animal Rescue;
- That I can be terminated from the volunteer program at any time;
- To give Out of the Box Animal Rescue permission to use photographs or video footage of my volunteer activities should it benefit the volunteer program;
- To show a copy of my driver's license or identification card;
- If I am under 18, I must have parent consent before I may volunteer at Out of the Box Animal Rescue;

- That this is not a paid position and that I am not an employee of the Out of the Box Animal Rescue.

Signature of Volunteer \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent or guardian (if under age 18): \_\_\_\_\_

Date: \_\_\_\_\_

**INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS**

I, \_\_\_\_\_(Print Name) wish to be a volunteer with Out of the Box Animal Rescue, Inc.. I recognize that I will be exposed to the routine risks of dealing with animals, which could include property damage, personal injury and/or bodily injury, including death. For and in consideration of permission to be a volunteer, I agree to release, forever discharge, and hold harmless Out of the Box Animal Rescue, Inc. and its agents, and representatives from all claims, demands, actions, causes of actions, suits, damages, losses and expenses, of any and all nature whatsoever which might arise out of my volunteer activities.

Signature of Volunteer \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent or guardian (if under age 18): \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT AUTHORIZATION** As a Parent/Legal Guardian of the Minor Volunteer, I, (PrintName) \_\_\_\_\_

authorize qualified emergency medical personnel, including a physician and staff, to examine me (volunteer), or the above-named minor child in the event of injury, and to administer any emergency care or treatment deemed necessary. In the case of a minor child, a reasonable effort will be made to contact the Parent/Legal Guardian prior to any treatment. I agree and understand that I shall be solely responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

Signature of Volunteer \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Legal Guardian (if under age 18): \_\_\_\_\_

Date: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN PERMISSION & ASSUMPTION OF LIABILITY - REQUIRED IF VOLUNTEER IS A MINOR (UNDER 18 YEARS OLD)**

As Parent/Legal Guardian I, (Print Name) \_\_\_\_\_ hereby grant my permission for the abovenamed minor child ("Minor Volunteer") to participate in the above-referenced activity. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the Minor Volunteer above, I agree to assume the liability and obligations referenced above and to release, hold harmless Out of the Box Animal Rescue and its agents, and representatives from all claims, demands, actions, causes of action, suits, damages, losses and expenses, of any and all nature which might arise out of the minor volunteers activities.

Signature of parent or guardian (if under age 18): \_\_\_\_\_ Date: \_\_\_\_\_