



San Saba County Friends of Animals

VOLUNTEER APPLICATION

Name of Adult: _____

Name of Junior: _____

Address: _____

City, Zip: _____ E-mail: _____

Daytime Phone: _____ Evening Phone: _____

Employer: _____ Occupation: _____

Are you at least 18 years of age? Yes _____ No _____ **(If NO, please complete side 2)**

How did you find out about our volunteer program?

SPECIAL EVENTS VOLUNTEER: Yes _____ No _____

These volunteers help staff with fund-raising events, Gift Wrapping, Pet Photos, etc.

FINANCIAL SUPPORTER: Yes _____ No _____

Your contribution is essential in helping us care for homeless animals and continue our many programs and services.

Please describe any previous volunteer experience. With what organization?

Do you have any physical, medical or psychological limitations that would affect your ability to perform certain volunteer duties, i.e., heart condition, back injury, allergies, mobility limitations etc.? If yes, please describe.

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Signature: _____ Date: _____



JUNIOR VOLUNTEER APPLICATION

Are you 13 through 17 years of age? Yes ___ *No ___ If No, please see note below

If yes, please complete this side of the volunteer application and ask the adult who will be volunteering with you to complete Side 1.

If you are a volunteer that is 13 through 17 years of age, a parent/guardian is required to be an active participant in the volunteer program with you and must accept the responsibility of supervising all of your volunteer activities including training sessions and meetings.

Junior Volunteer Name: _____

Name of Adult Volunteer: _____ Relationship: _____

How did you find out about our volunteer program?

How many hours a month are you able to commit to the organization?

Please describe any previous volunteer experience. With what organization?

Are you required to do volunteer or community work for school or any other agency?

Yes ___ No ___ If yes, please answer the following:

Name of school or agency: _____ Number of hours required: _____

Name of contact person: _____ Phone: _____

Do you have any medical or physical limitations that might affect your volunteer duties, i.e., allergies, heart condition, back problems, etc.? Yes ___ No ___

If yes, please describe: _____

Emergency Contact Information

Name of adult other than person volunteering with you: _____

Relationship to you: _____ Phone: _____

Signature of junior volunteer: _____ Date: _____

Signature of Parent: _____ Date: _____



VOLUNTEER AGREEMENT

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you of both our deep appreciation for your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

I. San Saba County Friends of Animals agrees:

1. To treat the volunteer as a valued member of the organization for the completion of the agency mission.
2. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
3. To offer the volunteer careful placement with consideration for personal preference, temperament, physical abilities, and educational background and special skills.
4. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
5. To ensure diligent support and guidance to the volunteer and to provide feedback on performance.
6. To strive to maintain a smooth working relationship with the volunteer.

II VOLUNTEER:

1. I agree to abide by the policies and procedures presented to me at the Volunteer Orientation and Training Meetings, and subsequent information that I am presented with by the Volunteer Coordinator.
2. I fully understand that San Saba County Friends of Animals handles large numbers of animals on a daily basis. The temperament and history of these animals is unknown to San Saba County Friends of Animals. I agree to hold the San Saba County Friends of Animals harmless for any injury(ies) which I or the junior volunteer under my supervision might sustain, including, but not limited to, injuries caused by animals during the course of my(our) volunteer duties with San Saba County Friends of Animals.
3. I understand that all San Saba County Friends of Animals records regarding previous or new owners are to be kept strictly Confidential.
4. I agree to fulfill my commitment of 4 hours per month for at least six months to San Saba County Friends of Animals.
5. I agree to perform my volunteer duties in good spirit and to the best of my ability and to seek guidance when in doubt.
6. I agree to be punctual and reliable in attendance, to contact the Volunteer Coordinator or program supervisor if unable to work as scheduled.
7. I agree to attend continuing training classes that will allow me to maintain an ongoing competence in the performance of my job. I will take ideas, constructive comments, suggestions and criticisms directly to the Volunteer Coordinator.
8. I agree to respect the staff and other volunteers and strive to maintain a smooth working relationship. If communication problems develop between employees/other volunteers and me, I will report these to the Volunteer coordinator as soon as possible.
9. I agree to accept San Saba County Friends of Animals right to dismiss a volunteer.
10. I agree to work safely, adhering to all provided training guidelines.
11. I understand that if I am injured while active as an unpaid member of the volunteer staff, that I am not covered by Worker's Compensation or employer liability Law.
12. San Saba County Friends of Animals has my permission to use any and all photographs taken of me to promote its services and programs or to publicize any event. I understand that all prints and negatives become sole property of San Saba Friends of Animals and may be used without payment or prior notification.

Please Print

Name of Adult: _____ Name of Junior: _____

Adult Signature: _____ Junior Signature: _____

Date: _____



Waiver of Liability

All persons volunteering at the shelter or participating in any event or activity organized or sponsored, in whole or in part, by the Friends of the San Saba County Friends of Animals are required to read, agree to, and sign this waiver before participating in any such event or activity. Please acknowledge that you have read each section by initialing where indicated.

1. Waiver of Liability for Services Performed On Site:

I hereby release and forever discharge San Saba County Friends of Animals, the City of San Saba, the Friends of San Saba County Friends of Animals, and its employees, volunteers, directors, officers, administrators, agents, and assigns (hereinafter collectively and severally referred to as "San Saba County Friends of Animals" from all liability for any and all claims, demands, actions, causes of action or suits of any like whatsoever, and particularly on account of any injuries, to person or property sustained while performing services, voluntary or otherwise, at the San Saba County Friends of Animals located at 1655 E. Highway 190 in San Saba, San Saba County, Texas 76877. **Initial Here:** _____

2. Waiver of Liability for Services Performed Off Site:

I hereby release and forever discharge San Saba County Friends of Animals from all liability for any and all claims, demands, actions, causes of action or suits of any kind whatsoever, and particularly on account of any injury, loss, or damage, to person or property sustained while performing services, voluntary or otherwise, on behalf of, or in conjunction with, San Saba County Friends of Animals which occurs as a result of participation in any event or activity sponsored or endorsed by San Saba County Friends of Animals, including, but not limited to, any event or activity promoted in connection with San Saba County Friends of Animals or its membership program and travels to/from any such event. **Initial Here:** _____

3. Responsibility for Personal Pets and Agreement to Indemnify:

I agree that any injury, damage, or loss, of any kind whatsoever, to any person, animal, or property at any San Saba County Friends of Animals event, or at the San Saba County Friends of Animals, caused by my own pet, or a pet which is otherwise in my possession, is solely my responsibility and I will indemnify, save and hold harmless San Saba County Friends of Animals from any damages, costs, losses and expenses including, but not limited to bodily injury, property damage, including but not limited to legal fees, settlements, and litigation expenses. **Initial Here:** _____

4. Responsibility to Report Injuries:

I agree to immediately report all injuries or disease I may receive while on the property of the San Saba County Friends of Animals or while working in the service of San Saba County Friends of Animals, including but not limited to animal bites, deep scratches, and slips or falls. I agree to file an Incident Report immediately following any such injury. If I am unable to file a written report, I agree to contact the Shelter Manager or Assistant Shelter Manager within 24 hours of the incident and inform them of said incident. **Initial Here:** _____

5. Agreement to Indemnify:

I further agree that if, despite this Release of Liability and indemnity Agreement, I or anyone on my behalf makes a claim against San Saba County Friends of Animals, I will indemnify, save and hold harmless San Saba County Friends of Animals from any damages, losses and expenses including, but not limited to, legal fees, courts costs, and litigation expenses. I agree to indemnify and hold harmless San Saba County Friends of Animals from any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand or cause of action brought against San Saba County Friends of Animals, jointly or individually, for bodily injury, death or property damage suffered as a result of my own negligent. **Initial Here:** _____

Waiver of Liability



All persons volunteering at the shelter or participating in any event or activity organized or sponsored, in whole or in part, by the Friends of the San Saba County Friends of Animals are required to read, agree to, and sign this waiver before participating in any such event or activity. Please acknowledge that you have read each section by initialing where indicated.

6. Acknowledgment:

Neither this waiver nor the circumstances leading to its execution shall be deemed an acknowledgment by San Saba County Friends of Animals that, as of the date hereof, any such claim exists or will exist or that the activities and events of San Saba County Friends of Animals are hazardous or present any unusual risks. I acknowledge and agree that I: (a) fully understand the meaning of this Release and Waiver and recognize my right to seek the advice of an attorney before signing it; (b) have signed it freely and without any inducement or assurance of any nature; (c) intend it to be a complete unconditional release of liability to the greatest extent allowed by law; and (d) agree that if any portion of this agreement is held to be invalid the balance notwithstanding shall continue in full force and effect. The acceptance of this release shall not operate as an admission of liability on the part of anyone, nor as a waiver or bar with respect to any claim that I may have against the undersigned. This release is binding on my heirs, executors, assigns and administrators. The undersigned is aware of the risks of attending, traveling to and participating in said events or activities and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

Initial Here: _____

I hereby declare that I have read and understand and voluntarily accept the terms and conditions of this Release of Liability and Hold Harmless Agreement.

Name of Adult: _____ Name of Junior: _____
(Please Print) (Please Print)

Adult Signature: _____ Junior Signature: _____

Date: _____

Date: _____

