



improving
the lives of pets
and people



For Office use only:
ID# _____
Fees Paid _____

Volunteer Application (Please Print Clearly)

Name: _____ Date: _____

Address: _____ Email Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Over 18? Yes ___ No ___ Date of Birth: ____/____/____ Age: _____

Volunteers aged 14 or 15 Must be accompanied at all times by a parent/guardian.

Volunteers aged 16 or 17 may volunteer alone with a parental consent on file.

Place of Employment: _____

Convicted of a crime? on probation? Or arbitration? Yes _____ No _____

Does your Organization Participate in Charitable Gift Matching Programs? Yes ___ No ___ Not Sure ___

Are you pregnant, afraid of, or allergic to animals? Have an immune system deficiency, or had your spleen removed? Yes ___ No ___ If Yes Please explain: _____

Do you have any physical or emotional conditions that might hinder your volunteer service or require us to provide you with extra assistance or supervision? Yes ___ No ___
If yes Please explain: _____

Why do you want to volunteer for Faithful Friends? _____

How did you hear about us? _____

Do you have any special skills that would be beneficial to Faithful Friends? _____

Do you know a local business or individual who might be willing to donate services or become a sponsor of Faithful Friends? _____

Please check the volunteer Opportunity that you are interested in:

<input type="checkbox"/>	Adoption Support	<input type="checkbox"/>	Foster Care (Cats/Kittens)	<input type="checkbox"/>	Marketing
<input type="checkbox"/>	Animal Transport	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Office Work
<input type="checkbox"/>	Cat Care Taker (Main Office)	<input type="checkbox"/>	Healthy Pet Clinic	<input type="checkbox"/>	Pet Clinic
<input type="checkbox"/>	Cat Care Taker (Pet Stores)	<input type="checkbox"/>	Just "Fur" You (Pet Visitation)	<input type="checkbox"/>	Pet "Life" Line
<input type="checkbox"/>	Dog Care Taker	<input type="checkbox"/>	Mailing	<input type="checkbox"/>	Special Events
<input type="checkbox"/>	Foster Care (Dogs/Puppies)	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Web Site

Please mail or Fax this Application to Faithful Friends Inc. 3 Gerday Drive, Suite 4 Wilmington, DE 19804
Fax 302 427-2855 or for more info call Volunteer Coordinator 427-8514 x 6.



Volunteer Release

I, _____, hereby agree to accept a position as a volunteer worker for Faithful Friends Inc. (herein after referred to as FF), and in doing so, I agree to comply with all the rules and regulations established by FF, and I understand that failure to do so may result in my immediate termination as a volunteer. As a volunteer, I agree to do my best to represent FF to the public in an accurate and professional manner.

I acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation of any kind, and without liability of any nature of behalf of FF, all services to be performed at my own risk.

I recognize that in handling animals and performing other tasks, therein exists a risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless FF, its staff, volunteers, members and Board of Directors from any and all claims, causes of action or demands of any nature of cause, including costs and attorneys fees incurred by FF in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services to FF, including but not limited to animal bites, scratches, accidents or injuries. I also understand that as a volunteer, I am not covered by any worker's compensation policies.

I understand that public relations are an important part of volunteering at FF. On behalf of myself, my heirs, personal representatives, and executors, I hereby allow FF to use any photographs taken of me for use in public relations efforts.

Volunteer Signature

Date

(If you are under age of 18, you must have parental consent to volunteer)
To be filled in by parent/guardian.

My son/daughter, _____, has my permission to participate in the Faithful Friends Volunteer Program. I understand that my son/daughter will be expected to abide by the rules and regulations, guidelines and responsibilities of the agency.

Parent/Guardian Signature

Date

In case of Emergency contact

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____