



Fuzzy Tails Reading Club Volunteer

The Conway Area Humane Society's volunteers are the heart of our organization. We could not run this shelter without the many wonderful people who have so generously donated their time and talents to support our mission and all the animals coming through our doors. We are committed to making your time as a volunteer a productive, educational, and rewarding experience. The donation of your time is the most valuable gift you can give and we thank you for it!

Name: _____ Today's Date: _____

Best Telephone: _____ Birth Date: _____

Name of Parent/Guardian:

_____ Relationship: _____

Phone: (H) _____ (W) _____

Safety is of the utmost concern. Do you have any conditions or allergies (such as pet, bee, latex or nuts) that may limit your involvement as a volunteer with CAHS? If yes, please describe:

How did you hear about our Fuzzy Tails Reading Club?

Describe your experience with animals (at home?):

Do you like to read?

Why do you want to volunteer?

Volunteer Schedule

All volunteers are scheduled. We depend upon this schedule to make everything run smoothly. We can be flexible with other commitments, but it helps to know your availability. Please enter the times under the days that you will be available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

CAHS Volunteer Signature

Date

Print Name

Volunteer Parent/Guardian Signature

Date

Print Name

Volunteer Agreement

I hereby assert that I freely and voluntarily agree to provide volunteer services to the Conway Area Humane Society (CAHS) from time to time at my discretion as set forth below. I understand the CAHS is a non-profit, public charity and I choose to volunteer my services to CAHS based on my own desire to contribute to my community for civic, charitable and/or humanitarian purposes. I understand that I am in no way obligated to do so and that my hours of service as a volunteer at the CAHS are served with no promise, expectation, contemplation or receipt of compensation or benefits for the services rendered.

During my volunteer services, I agree to act in the best interest of the CAHS and its animals and to abide by the policies, procedures, rules and regulations as outlined in the CAHS's Volunteer Handbook. I understand that the above Application information is voluntarily provided and may be used and disclosed for CAHS purposes. I shall keep confidential all matters that are not otherwise known by the public concerning the CAHS and its animals, customers, adoption applicants, donors and any other matter relating to the CAHS affairs.

The League has my permission to use any and all photos or videos taken of me for promotional use or to advertise an event. I understand that all prints, film and negatives become property of the CAHS and may be used without prior notification or compensation of money, services or goods.

I authorize the CAHS to seek emergency medical treatment in case of injury, accident or illness.

While the CAHS is concerned about the safety and well-being of its volunteers, I acknowledge that it is my sole responsibility to exercise caution and good judgment. I understand and voluntarily assume the risks associated with volunteering for the CAHS.

CONSENT AND RELEASE FROM LIABILITY

**Waiver and Release. Please read carefully before you sign.
Parent/guardians must sign for all minors under 18.**

In consideration of my acceptance (or the acceptance of my minor child _____) as a volunteer for the Conway Area Humane Society (CAHS), I hereby waive, release and discharge any claims for damages, for death, personal injury or property damage which I (and/or my child) may have against the CAHS, its agents and employees from and against any and all liability arising out of or connected in any way with my (and/or my child's) participation in this activity, even though that liability may arise out of carelessness or negligence on the part of the CAHS, its agents and employees. I further understand that accidents and injuries can arise out of my (and/or my child's) participation, including the possibility of bites, scratches or other physical injuries from animals. Knowing those risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless the CAHS, its agents and employees who might otherwise be liable to me (and/or my child) for damages.

It is further understood that this waiver, release, and assumption of risk is binding upon my heirs and assigns (and upon any guardians ad litem of my child). I give consent to the CAHS or any other media agency to photograph myself (and/or my child). I understand that these images may be used for brochures, newspapers or other forms of media.

THIS IS A RELEASE. I HAVE READ THIS RELEASE CAREFULLY. I UNDERSTAND AND ASSUME THE RISKS INVOLVED. BY SIGNING, I GIVE UP MY (OR MY CHILD'S) RIGHT TO SUE.

TETANUS AND RABIES WAIVER

The Conway Area Humane Society feels it is important for all its staff and volunteers to be current on their tetanus vaccination and rabies vaccinations series, particularly if they will be handling animals. If a member of the staff or volunteer has questions about the tetanus vaccination and/or rabies vaccination series, he or she is encouraged to consult a physician, at his or her own expense, to decide whether or not to be vaccinated against tetanus and/or rabies.

I have read, understand, and agree to the above information regarding tetanus vaccination and rabies vaccination series. Furthermore, I release the Conway Area Humane Society from all responsibility that may occur because of not being vaccinated against tetanus and/or pursuing the pre-rabies exposure vaccination series. I understand that whatever decision I make regarding the vaccinations is my own decision and is made at my own risk.

**Signature of Applicant
(If under 18, parent or legal guardian must sign.)**

Date

Print Name of Applicant (Volunteer)