## **VOLUNTEER APPLICATION**

**Return Completed Application to:** 

FFF Inc., Volunteer Services, P.O. Box 850 Yadkinville, NC, 27055

Phone: (336)679-9194 Email: fffinc@triad.rr.com



Date			
Name:	Attended In	fo Session on	(date)
Mailing Address:	City:	State:Zip:	
Home Phone:	Work Phone:		
Cell Phone:	Email Address: _		
Are you at least 18 years of age?	□ Yes □ No		
If you are under the age of 18 y	you must have Parent or G	uardian's Consent.	
Parent/Guardian Signature:	Phone:		
In which areas are you interested in	volunteering (Please check o	nly 2):	
☐ Animal Assisted Therapy		☐ Shelter Volunteer (Ci	ircle One)
☐ Community Cares Initiative - f	eral and free roaming cats	A. Cats OR B. Do	gs
☐ Foster Care of Animals			
The following activities can be done areas in which you would like to volu	· ·	gnment (above), please chec	k any additiona
☐ Adoption Outreach Events	☐ Facilities Improveme	nt 🔲 Wash and F	old for Pets
☐ Assisting in Feeding	☐ General Office Suppo	ort 🔲 Special Eve	nts
☐ Assisting with Public Dog Train	ning Classes		
Please share your skills & training (c	heck all that apply):		
☐ Customer Service/Sales	□ Dog Training	☐ Event Planni	ng
☐ Graphic Design	☐ Marketing	☐ Photography	/
☐ Project Management	☐ Public Speaking	☐ Teaching/Tra	aining
☐ Video Production	☐ Website Design	☐ Writing/Edit	ing
☐ Additional Language(s), please	e list:	ner:	

## **GETTING TO KNOW YOU**

How did you hear about the volu	nteer program?				
Do you have any physical or psyc some activities (such as a heart c	_		_	you from p	participation in
If yes, please explain:					
Please explain your interest in vo					
Do you have previous volunteer	experience with anim	als? If so, please de	scribe:		
Are you participating in a program	m currently that requ	ires volunteering?	☐ YES [	□ <b>N</b> o	
If yes, please explain:					
Please describe your availability	for volunteering (wee	kends, weekdays, m	nornings, aft	ernoons, e	etc.):
Employment Status:   FULL TIME	E □ PART TIME	☐ UNEMPLOYED	<b>□</b> Sτυ	JDENT	☐ RETIRED
Occupation:	E	mployer:			
Does your employer offer a dono	or matching program?	YES NO			
Does your employer match volur	nteer hours with cont	ributions to non-pro	ofit organizat	ions? 🗆	Yes 🗆 No
Affiliations (church, synagogue, c	organization):				
Birthday (optional)					
EMERGENCY CONTACT					
Name:		Relationship:			
Address:	City:		State:	Zip:	
Home Phone:		Work Phone:			
Cell Phone:					



## furny friends of the foothills Release of Liability and Assumption of Risk

I. I,, hereby acknowledge that if I am accepted	20
as a Furry Friends of the Foothills Volunteer, I agree to comply with all of the rules, agreements, and	
protocols which may be established from time to time by FFF Inc. I understand that failure to	
comply with the rules, agreements, and protocols may result in my termination as a volunteer.	

- II. I understand and agree that if accepted as a volunteer, all services performed by me will be performed on a strictly voluntary basis, and that I will receive no remuneration, pay or compensation of any kind, that I will not be an employee of FFF Inc. nor otherwise derive any benefits normally available to employees of FFF Inc.
- **III.** I understand and acknowledge that **FFF Inc.** is a charitable, non-profit organization incorporated under the laws of the State of North Carolina. All funds of **FFF Inc.** are used specifically for the direct benefit and service to homeless cats and dogs; therefore, if I am injured while acting as an unpaid member of the staff in any capacity whatsoever, I realize and am aware that **my own health insurance coverage** will provide for any necessary medical treatment or care. I further understand that I am not covered under North Carolina's State Worker's Compensation Laws.
- IV. I am aware that volunteering for FFF Inc. can be a potentially hazardous activity and I acknowledge that these potential hazards including, but not limited to, injury, animal bites, exposure to zoonotic diseases, and physical harm have been explained and discussed with me. I hereby waive, release and discharge any and all claims of damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation as a volunteer for FFF Inc. This Release of Liability and Assumption of Risk is intended to discharge in advance FFF Inc., its agents, directors and employees, and any and all volunteers, and their respective successors and assigns, from and against any and all liability arising out of or connected in any way with my participation as a volunteer for FFF Inc, even though that liability may arise out of negligence or carelessness on the part of the persons or entities above mentioned.
- **V.** I understand that the FFF Inc. specially recommends that all volunteers maintain current tetanus vaccinations if they will be handling animals and that I have been encouraged to consult a physician to decide whether or not to be vaccinated against tetanus.
- VI. I further understand that accidents occasionally occur and that FFF Inc., Volunteers occasionally sustain injuries as a consequence thereof. Knowing the risks of participating as a volunteer for FFF Inc., I nevertheless hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above who (through negligence or carelessness or otherwise) might be liable to me, or my heirs or assigns, for damages. It is further understood and agreed that this waiver, Release of Liability and Assumption of Risk is to be binding on my heirs and assigns.

Volunteer	Signature	
FFF Inc Staff	Signature	
	Date	