

# 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](mailto:fffinc@triad.rr.com)



Date \_\_\_\_\_

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

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 you must have Parent or Guardian's Consent.

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

In which areas are you interested in volunteering (**Please check only 2**):

- |   |  |
|---|--|
| <input type="checkbox"/> Animal Assisted Therapy                                  | <input type="checkbox"/> Shelter Volunteer ( <b>Circle One</b> ) |
| <input type="checkbox"/> Community Cares Initiative - feral and free roaming cats | A. Cats OR B. Dogs   |
| <input type="checkbox"/> Foster Care of Animals                                   |  |

The following activities can be done in addition to your main assignment (above), please check any additional areas in which you would like to volunteer (**check any or all**).

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Adoption Outreach Events                   | <input type="checkbox"/> Facilities Improvement | <input type="checkbox"/> Wash and Fold for Pets |
| <input type="checkbox"/> Assisting in Feeding                       | <input type="checkbox"/> General Office Support | <input type="checkbox"/> Special Events         |
| <input type="checkbox"/> Assisting with Public Dog Training Classes |   |   |

Please share your skills & training (check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Customer Service/Sales               | <input type="checkbox"/> Dog Training    | <input type="checkbox"/> Event Planning    |
| <input type="checkbox"/> Graphic Design                       | <input type="checkbox"/> Marketing       | <input type="checkbox"/> Photography       |
| <input type="checkbox"/> Project Management                   | <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Teaching/Training |
| <input type="checkbox"/> Video Production                     | <input type="checkbox"/> Website Design  | <input type="checkbox"/> Writing/Editing   |
| <input type="checkbox"/> Additional Language(s), please list: | <input type="checkbox"/> Other: _____    |  |

*Please answer all questions on reverse side of this form*

## GETTING TO KNOW YOU

How did you hear about the volunteer program? \_\_\_\_\_

Do you have any physical or psychological limitations or disabilities that might hinder you from participation in some activities (such as a heart condition, back injury, epilepsy, allergies, etc.)?

If yes, please explain: \_\_\_\_\_

Please explain your interest in volunteering with FFF Inc: \_\_\_\_\_

Do you have previous volunteer experience with animals? If so, please describe: \_\_\_\_\_

Are you participating in a program currently that requires volunteering?  Yes  No

If yes, please explain: \_\_\_\_\_

Please describe your availability for volunteering (weekends, weekdays, mornings, afternoons, etc.):

Employment Status:  FULL TIME  PART TIME  UNEMPLOYED  STUDENT  RETIRED

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Does your employer offer a donor matching program?  Yes  No

Does your employer match volunteer hours with contributions to non-profit organizations?  Yes  No

Affiliations (church, synagogue, organization): \_\_\_\_\_

Birthday (optional) \_\_\_\_\_

## EMERGENCY CONTACT

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

***Thank you for your interest in volunteering with Furry Friends of the Foothills!***



Furry Friends of the Foothills

### Release of Liability and Assumption of Risk

I. I, \_\_\_\_\_, hereby acknowledge that if I am accepted 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 \_\_\_\_\_