



PICK OF THE LITTER

a project of Friends of Lincoln County Animals, Inc. (FOLCAS)

VOLUNTEER APPLICATION

Date of application _____ Date of birth _____

Name _____ I prefer to be called _____

Physical address _____

Mailing address (if different) _____

Home phone _____ Cell phone _____

E-mail address (*important*) _____

Emergency contact (name, phone, rel'ship) _____

Available for shifts on

	9:30–1:00	1:00–4:30		(exact times may vary)
Monday	_____	_____	\	processing only
Tuesday	_____	_____	—	
Wednesday	_____	_____	/	
Thursday	_____	_____	\	also open for sales & receiving
Friday	_____	_____	—	
Saturday	_____	_____	/	

Task area(s) preferred: Donation receiving Electronics/appliance testing Donation sorting, cleaning, pricing Stocking/organizing Cashiering Any as needed

Department preference(s) (if any): Clothing Shoes/accessories Jewelry Linens Housewares Children's Electronics Art Crafts Holiday Music/video Hardware/tools Office/school supplies Books/magazines Antiques/collectibles

Special skills, experience, physical limitations, anything else we should know about you? _____

Community service? N/A School Court Other: _____

CS contact name/phone: _____

Number of hours needed _____ By what date? _____

Have you ever been convicted of a felony? No Yes (explain): _____

Why do you want to volunteer at Pick of the Litter? _____



Friends of Lincoln County Animals, Inc. (FOLCAS)
PO Box 2264, Newport OR 97365 • 541-961-5852
dba Pick of the Litter thrift store
558 NE First St (at Fogarty), Newport OR 97365 • 541-574-1861
folcas2009@yahoo.com / www.folcas.com
a 501(c)(3) nonprofit / tax ID 27-0177878

RELEASE AND WAIVER OF LIABILITY

THIS RELEASE AND WAIVER OF LIABILITY (the “Release”) is executed this _____ day of _____, 20____, by the undersigned (the “Volunteer”), in favor of Friends of Lincoln County Animals, Inc. (“FOLCAS”), an Oregon nonprofit corporation, and its directors, officers, and agents, including its operation of the Pick of the Litter thrift store.

Volunteer does hereby freely, voluntarily, and without reservation or duress execute this Release under the following terms and conditions:

1. **WAIVER AND RELEASE.** Volunteer does hereby release and forever discharge and hold harmless FOLCAS and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, whether in law or in equity, that arise or may hereafter arise from Volunteer’s participation with FOLCAS. Volunteer understands that this Release discharges FOLCAS from any liability or claim that Volunteer may have against FOLCAS with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s participation and financial assistance or other assistance, including but not limited to medical, health, or disability insurance. Volunteer is encouraged to have medical or health insurance in effect.

2. **MEDICAL TREATMENT.** Volunteer does hereby release and forever discharge FOLCAS from any claim whatsoever that arises or may hereafter arise on account of first aid treatment or service rendered in connection with Volunteer’s participation.

3. **ASSUMPTION OF RISK.** Volunteer understands that VOLUNTEER’s participation with FOLCAS may include activities that may be hazardous to the Volunteer and that food, tools, supplies, and facilities may be donated to FOLCAS and beyond the control of FOLCAS. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases FOLCAS from all liability for injury, illness, death, or property damage resulting from Volunteer’s participation with FOLCAS.

4. **PHOTOGRAPHIC RELEASE.** Volunteer grants and conveys unto FOLCAS all right, title, and interest in any and all photographic images and video or audio recordings made by FOLCAS during Volunteer’s work for FOLCAS, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

5. **OTHER.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as is permitted by the State of Oregon, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Oregon. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

IN ACCEPTANCE WHEREOF, Volunteer has executed this Release as of the day and year above written.

Volunteer’s name (please print clearly): _____

Volunteer’s signature: _____

If Volunteer is under the age of 18, signature of Volunteer’s parent or legal guardian:
