

Pick of the Litter Thrift Store

Operated by Friends of Lincoln County Animals

FOLCAS

Volunteer Application



Date: _____

Name: _____ Date of Birth: _____

Full MAILING Address: _____

Home phone: _____ Cell phone: _____

E-mail (*important*): _____

Emergency contact name & phone: _____

Shifts preferred (please check all days/times available):

9:30 a.m – 1:00 p.m. **1:00 – 4:30 p.m.** **Noon to 4:30 p.m.**

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Duties preferred: Cashier Sorting/pricing Stocking/organizing Any as needed

Dept. prefs (if any): Books Furniture Linens Housewares/Kitchen
 Children's/Toys Clothing Accessories Jewelry Art Crafts
 Antiques/Collectibles Office Electronics/Music/Videos Guys/Hardware

Community service? N/A School Court Other: _____

CS contact name/address/phone: _____

hours needed: _____ by what date? _____

Special skills, experience, physical limitations (lifting, standing, etc.); anything else we should know about you that would be helpful? _____

Have you ever been convicted of a felony? No Yes Explain _____

Why do you want to volunteer? _____

Thanks for your interest in Pick of the Litter!



Friends of Lincoln County Animals, Inc.
P.O. Box 2264, Newport OR 97365
(541) 961-5852
folcas2009@yahoo.com
www.folcas.com

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 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, which arise or may hereafter arise from Volunteer’s participation with FOLCAS. Volunteer understands 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 my 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 permitted by the laws of 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 WITNESS WHEREOF, Volunteer has executed this Release as of the day and year above written.

Volunteer’s Name (please print clearly): _____

Volunteer’s Signature: _____

(turn over)