



9716 Moore Road
Lakeland, FL 33809
863-258-8512

Savingpawsrescueoffloridainc@gmail.com

Volunteer Application

(Volunteers must be at least 16 years old.)

Personal Information:

Name: _____ Age: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____ E-Mail: _____

Why are you interested in becoming a volunteer?

Are you volunteering for community service hours for school? _____

Are you volunteering for court-ordered community service hours? _____

Please list any other agencies that you currently volunteer for or have in the past (animal-related or other):

Please detail any experience you have had with animals, including your own pets.

Please list any special training, skills, or hobbies: _____

Saving Paws Rescue of Florida, Inc
Volunteer and Hold Harmless Application

Do you have any personal health concerns which might impact your work as a volunteer?

Please give us an idea of your availability. Are you available during the week, only on weekends? Are you available on a regular basis or only occasionally?

Contact person(s) in case of an emergency:

Name

Phone: _____

1. _____

2. _____

Have you ever been convicted of a crime? If yes, please explain the nature of the crime and the date of conviction and disposition. Conviction of a crime is not an automatic disqualification for volunteer work. _____

Please indicate area(s) your areas of interest (please select as many as you'd like):

☐ Fostering

☐ Dog Training

☐ Adoption events

☐ Home visits

☐ Transporting

☐ Fundraising

☐ Socializing cats/kittens

☐ Newsletter writing

☐ Administrative Work

☐ Follow-up Calls

CONFIDENTIALITY: I understand that while volunteering for Saving Paws Rescue of Florida, Inc and Resources I may come into contact with information that is considered confidential. I agree that under no circumstances I will discuss this information with people outside of Saving Paws Rescue of Florida, Inc. I agree to hold all information on confidential (entering your name below indicates you have read agree to the above statement).

Volunteer Hold Harmless and Release

Please initial indicating your understanding and agreement with the below volunteer program requirements.

____ I agree to serve as a volunteer for Saving Paws Rescue of Florida, Inc. (SPRF) and will abide by all policies and procedures set for the Volunteer Program, as well as communication from the Volunteer Coordinator.

____ I will notify a Saving Paws Rescue of Florida representative immediately if a cat or dog becomes ill or injured. I will receive permission from a SPRF representative prior to taking a cat or dog to a rescue-approved veterinarian. Otherwise, a representative from Saving Paws Rescue will make arrangements to take the ill or injured animal to the veterinarian.

____ I acknowledge that I have at least a basic understanding of handling cats and/or dogs, and will contact the Volunteer Coordinator if I have any questions or concerns regarding the care of the animal(s) I am handling.

____ I acknowledge that I will be working with animals whose temperaments are not fully known and the animal may bite, scratch, or otherwise cause harm to me.

____ I have provided the Volunteer Coordinator with a fully completed Volunteer Application and either I nor anyone associated with my household is on the Animal Abuser Registry, the DO NOT ADOPT list, or has been convicted of any animal abuse.

____ I expressly assume the risk or damages I might incur relating to my dealings with any animal rescued by Saving Paws Rescue of Florida, Inc.

____ As a Saving Paws Rescue of Florida volunteer, I agree to fully release and hold harmless the organization, officers, Board of Directors, agents or employees, from any personal injury, property damages, claims, damages of any sort, expenses outside of the Volunteer Program policies and/or procedures, causes of action, court costs, and attorney's fees relating to or indirectly resulting from my volunteering for Saving Paws Rescue of Florida, Inc.

I have read and understand the terms herein and agree to assume the risks of volunteering for Saving Paws Rescue of Florida, Inc.

Volunteer Signature:

Date:

Parent Signature: (if under 18 years old)

Date:

FOR OFFICE USE ONLY:

- ☐ Form Completed
- ☐ Application Accepted
- ☐ Saved to Google Docs
- ☐ Entered into Shelter Manager
- ☐ Application Denied