



## Intermittent Volunteer Application

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

Group: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

List any physical or psychological conditions that may affect your volunteer work: \_\_\_\_\_

**All Intermittent Volunteers must adhere to the following policies:**

1. Respect the animals, staff, and the public we serve
2. Follow the Policies and Procedures of the One of A Kind Pet Rescue
3. Follow all rules and guidelines for my own safety and the safety of others, including the animals
4. Notify the Volunteer Manager or Executive Director of any concerns or questions regarding my experience
5. Respect the confidentiality, privacy, and welfare of those we serve
6. Understand that OOAAPR reserves the right to "discharge" me at any time

**Statement of Agreement/General Release or Waiver (Please read carefully and sign)**

I am interested in serving as a volunteer for One of A Kind Pet Rescue and will receive training and supervision to protect the animals and myself. I will hold One of A Kind Pet Rescue harmless if I incur an injury while working as a volunteer.

1. I assume full responsibility for any and all injuries I may sustain while serving as a volunteer at the One of A Kind or with respect to One of A Kind Pet Rescue activities away from the facility.
2. I assume full responsibility for any and all medical costs associated with injuries sustained as a Volunteer, whether at or away from the One of A Kind Pet Rescue, subject to coverage under any medical insurance carried by me personally.
3. I have/do not have medical insurance. If I have indicated that I have medical insurance, I agree to provide a certificate of such medical insurance to One of A Kind Pet Rescue upon request.
4. I hereby releases One of A Kind Pet Rescue from any and all claims for personal injuries while a Volunteer at the One of A Kind Pet Rescue or while performing volunteer activities away from the shelter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian if under the age of 18

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You must be 16 years old to volunteer independently. Anyone under the age of 16 must be accompanied by their parent/legal guardian at all times when performing service hours.**