

Castaways Animal Shelter & Sanctuary

Volunteer application

Date:

First name: Last Name:

Address:

Phone number: Email:

Emergency Contact Information:

First name: Last Name:

Emergency Contact Phone Number:

Have you volunteered in an animal shelter before? Yes ☐ No ☐

If YES, where did you volunteer?

In what capacity did you volunteer?

What is your area of interest?

Please write a short paragraph telling us why you would like to volunteer.

We appreciate your interest in Castaways Animal Shelter & Sanctuary and in the animals we serve. We strive to ensure the safety of all volunteers. However, our work may occasionally involve potentially hazardous situations. We handle animals whose behavior and health backgrounds are sometimes unknown. The care and maintenance of the animals in our facility often involve procedures and equipment that could be hazardous. We urge all volunteers to take precautionary measures to avoid personal injury or property damage. Be careful and obey all reasonable orders of the supervisory staff concerning your work.

1. I hereby volunteer for Castaways Animal Shelter and Sanctuary with the following understandings: My services to Castaways are provided strictly in a voluntary capacity. As a volunteer, I will not have any express or implied promise of a salary or compensation of any kind whatsoever.
2. My services are furnished without any employment-type benefits, including employment insurance programs, workers compensation accrual, vacations or sick time.
3. I will familiarize myself and comply with the Castaways policies and procedures applicable to volunteers. I understand that Castaways expects high standards of moral and ethical treatment of the animals under its care.
4. I understand that Castaways can and without notice or hearing terminate my services as a volunteer at any time, with or without reason.
5. I will be punctual and conscientious, conduct myself with dignity, courtesy, and consideration for others, and endeavor to make my work professional in quality
6. I will furnish and maintain appropriate attire and maintain a well-groomed appearance for my volunteer assignments.
7. I will carry out my assignments and seek assistance from the job supervisor when necessary.
8. I will adhere to the department's sign-in procedure and notify the volunteer coordinator or job supervisor if I am unable to work as scheduled or want to discontinue my volunteer service at Castaways.

Printed Name:

Date:

Castaways Animal Shelter & Sanctuary, Ltd.
Emergency Contact Information & Release and Waiver of Liability

Emergency Contact Information

Date:

Name:

Address:

Cell Phone: Other Phone:

Email:

Emergency Contact:

Relationship: Daytime Phone:

Email:

Any allergies or medications needed in an emergency: ☐ No ☐ Yes, See below.

Release and Waiver of Liability

This release and Waiver of Liability (the “Release”), executed on the date first above written, by (name of volunteer worker) (the “Volunteer”), in favor of CASTAWAYS ANIMAL SHELTER & SANCTUARY, LTD., A non-profit Kansas corporation, and its directors, officers, employees, and agents (all hereinafter referred to as “Castaways”).

Volunteer desires to work as a volunteer for Castaways and engage in activities that may include the following (the “Activities”) (brief description of the work):

Volunteer understands that the Activities may involve physical labor, handling and exposure to animals, and other circumstances that may result in personal injuries:

1. Volunteer hereby releases and discharges and holds harmless Castaways from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, that arise or may hereafter arise from:

A. Volunteer’s work and Activities with Castaways; and

B. Any first aid, treatment, or service rendered to Volunteer at the Castaways location in connection with the work and Activities with Castaways.

Volunteer assumes the risk of injury or harm associated with such work and Activities at Castaways.

2. Volunteer understands that Castaways does not carry or maintain health, medical, or disability insurance for Volunteer, and Volunteer is expected and agrees to have his or her own medical or health insurance coverage.
3. Volunteer agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Kansas, and that this Release shall be governed by and interpreted in accordance with such laws. Volunteer also agrees that in the event any clause or provision of this Release shall be held invalid, that shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.
4. Volunteer agrees that this Release shall be binding upon and shall inure to the benefit of Volunteer and Castaways, and their heirs, executors, administrators, trustees, successors, and assigns

IN WITNESS WHEREOF, Volunteer has executed this release as of the day and year first above written.

Print name: