

The Ohio Pet Sanctuary, LLC Volunteer Application/Agreement

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

Please indicate your age group: ___ 16-19 ___ 20-35 ___ 36-49 ___ 50 and up

Estimated times available to volunteer: _____

I am interested in volunteering for the following: (Please check the space)

Brushing/Grooming Fostering Collecting donations
 Transport animals Husbandry
 Special Fundraising
 Picking up supplies

Do you have any professional pet care special experience?

Do you have pets? __Y__N

If yes, please tell us about them (species, age, time owned, etc)

Are they current on all core vaccinations? __Y__N

VOLUNTEER AGREEMENT

Applicant, known as _____, hereby agrees to accept a position in a VOLUNTARY capacity as a volunteer for The Ohio Pet Sanctuary, LLC, (hereinafter referred to as OPS). Applicant understands that the term Voluntary means the way in which actions or services are rendered to OPS. Such actions or services rendered to OPS with generous and charitable motives. No liability whatsoever will be incurred by OPS to anyone who performs voluntary actions or services. Applicant understands that the term Volunteer means a person who freely chooses and renders services to OPS in a voluntary capacity and without compensation.

TERMS AND CONDITIONS: INITIAL next to each of the following

1. I fully understand and agree that my services are provided strictly in a VOLUNTARY capacity.
2. I fully understand and agree that I am providing service to OPS as a VOLUNTEER.
3. I fully understand and agree that to provide my services to OPS as a volunteer in a voluntary capacity without any express or implied promises of salary, compensation or payment of any kind whatsoever.
4. I fully understand and agree to provide my services to OPS as a volunteer in a voluntary capacity without any employment-type benefits, including but not limited to employment insurance programs, worker's compensation accrual in any form, vacations or sick time.

5. _____ I fully understand that OPS handles large numbers of animals on a daily basis. The temperament of these animals is unknown to OPS. I agree to hold OPS harmless for any injury(s) which I might sustain from handling animals during the course of my volunteer duties for OPS.
6. _____ I fully understand and agree to assume all risks involved in any and all duties that I perform for OPS in my volunteer capacity. Such duties might include but are not limited to animal handling, custodial work, regular staff assistance, secretarial assistance, and other foreseeable volunteer duties.
7. _____ I agree to familiarize myself with OPS's policies and procedures. I will fully comply with both the letter and the spirit of these policies and procedures.
8. _____ I fully understand that OPS expects high standards of moral and ethical treatment of the animals under its care. I agree to adhere strictly to these standards in my voluntary capacity with OPS.
9. _____ I fully understand and agree that either for failure to comply with any and all of these obligations outlined in this Volunteer Agreement or for any reason whatsoever, while performing my volunteer services to OPS in a voluntary capacity, OPS, at its sole discretion, may immediately terminate my services.

RELEASE: Initial each of the following

1. _____ I agree to release, discharge, indemnify and hold OPS harmless for any and all damage to my personal property while performing my volunteer services to OPS in a voluntary capacity.
2. _____ I recognize that in handling animals at OPS while performing my volunteer services there exists a risk of injury including personal physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless OPS, its agents, servants, and employees from any and all claims, causes of action or demands, of any nature or cause connected with my Volunteer agreement. This might include costs and attorney's fees and court costs incurred by OPS in connection with my damages or injuries and personal property damage.
3. _____ I understand that public relations is an important part of Volunteering for OPS. I, therefore, agree on behalf of myself, my heirs, personal representatives and executors to allow OPS to use any photographs taken of me for use in public relations efforts. OPS will us reasonable efforts to notify me but such notification is not a condition of the photographs release for public relations purposes.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THE FOREGOING VOLUNTEER AGREEMENT AND THAT I WILL COMPLY WITH THE SAME.

Signature of Applicant _____

Printed Name: _____ Date _____

PARENT OR LEGAL GUARDIAN

As a parent or legal guardian of the above named Volunteer, I hereby give my consent to allow my (child, ward) to volunteer services for OPS as described within this Volunteer Agreement.

I have read this Volunteer Agreement and fully understand its terms and conditions. On behalf of myself and my (child, ward), I agree to all terms and conditions as set out in this Volunteer Agreement paying special attention to the Release section herein.

Signature of Parent/Guardian _____

Printed Name: _____ Date _____

Applicant's Initials: _____

Applicant's Initials: _____