

# Volunteer Application & Agreement

## Instructions

Please fill out all sections as completely as possible. *Feel free to attach additional pages, if necessary.* Return your application by mail to: **KAS Volunteer Coordinator, 1161 Portland Street, St. Johnsbury, VT 05819**, email to [info@kingdomanimalshelter.com](mailto:info@kingdomanimalshelter.com), or return to the shelter during adoption hours.

## Applicant Information

Full Name		Home Phone	
Mailing Address		Email Address	
Physical Address		Other Phone (Cell)	
Are you over 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If under 18, please specify your age	

Note: If you are not over 18 years old, this application must also be signed by a parent or guardian. All volunteers under the age of 18 must be accompanied by their parent or guardian at all times.

Occupation (Optional):

Employer Name		Address	
Work Phone			
Can you be contacted at work by	Phone <input type="checkbox"/> Email <input type="checkbox"/>	Work Email	

Are you in need of community service? <input type="checkbox"/> If so, what for? <input type="checkbox"/>	
Do you have a criminal record? If so, please explain.	

## General Information

Do you have a computer and daily access to the internet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have access to transportation if you don't drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have a disability and require accommodations to perform your assignment, please indicate:	
Why do you wish to volunteer for KAS?	
What do you think you would like to do as a volunteer?	
Are you interested in, and able to foster any of our cats?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear of this volunteer opportunity?	
Are you up-to-date on your tetanus vaccination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had the rabies vaccination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pets in your home? If so, what kinds and how many?	
If you have one, who is your veterinarian?	

## Availability

When are you available to start volunteering (Month/Day/Year)?	
Which of the following are you interested in? Feel free to select more than one option.	<input type="checkbox"/> Morning Duty <input type="checkbox"/> Adoption Counselor <input type="checkbox"/> Tuck-In <input type="checkbox"/> Fundraising <input type="checkbox"/> Transportation <input type="checkbox"/> Public Relations/Promotions <input type="checkbox"/> Computer <input type="checkbox"/> Fostering (If so, please also fill out the fostering application) <input type="checkbox"/> Other (Please Specify):

Please indicate your preferred days and hours of availability:

Days:	Monday	Tues	Wed	Thurs	Fri	Sat	Sun
Evenings:	Monday	Tues	Wed	Thurs	Fri	Sat	Sun
Number of Hours Per Week:				Is your availability flexible?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

# Volunteer Application & Agreement (Continued)

## Background and Other Experience

Education and training background:	
Experience with animals:	
List any special skills, licenses, certifications, or other experience that you think may be useful in volunteering with our organization:	
Is there anything else you would like us to know?	

### Terms and Conditions

By signing below, I signify that I agree to the following terms and conditions:

- I will abide by the KAS mission, policies and procedures while I am a volunteer.
- If I am selected to coordinate an event or activity for KAS, I agree to provide the Board with information on a timely basis, and work with other board members to obtain Board approval for all new or unusual projects.
- If I stop volunteering at any time, I will promptly return any KAS equipment, records, supplies, and any other items in good, clean condition.
- I understand that KAS may refuse volunteer applications for any reason.
- If I provide foster care in my home, I will allow KAS to visit my home to observe the animals and their living quarters.

I have accurately and truthfully completed this Volunteer Application and Agreement.

Applicant Signature:		Date:	
Parent or Guardian Signature:		Date:	

*To be completed by a KAS representative*

Reviewed By:		Comments:	
Approved?			
Home visit?			

# VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This VOLUNTEER RELEASE AND WAIVER OF LIABILITY (this "**Release**") is executed as of \_\_\_\_\_ (Date) by \_\_\_\_\_ (Volunteer Name) ("**I**" or "**me**") in favor of Kingdom Animal Shelter, Inc., a Vermont non-profit corporation, organized and existing under the laws of the State of Vermont, and its directors, officers, employees, volunteers, and agents (collectively, the "**Organization**").

I desire to volunteer for the Organization and engage in activities related to being its volunteer (the "**Activities**"). I understand that the Activities may include, but are not limited to, handling and caring for animals. I also understand that as a volunteer I will receive no compensation or remuneration for my services and will not be eligible for any employee benefits. I acknowledge that I am not an employee.

In exchange for being allowed to participate in the Activities as a volunteer and for other good and valuable consideration, the receipt and sufficiency of which I acknowledge, I hereby freely, voluntarily, and without duress execute this Release and agree to the following terms:

1. Assumption of Risk. I am aware and understand that the Activities may be inherently dangerous and may expose me to a variety of foreseen and unforeseen hazards and risks. I acknowledge that I am voluntarily participating in the Activities and have considered those risks. I hereby expressly and specifically assume such risks, including any and all risk of injury, harm, or loss that I may incur as a result of my participation in the Activities.

2. Medical Treatment. I hereby give consent and authority to the Organization to obtain medical treatment on my behalf if I am injured or require medical attention during my participation in the Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment, medical transportation, and/or evacuation. I hereby release, forever discharge, and hold harmless the Organization from any claim whatsoever in connection with such treatment or other medical services.

3. Release and Waiver. I hereby fully and forever release and discharge the Organization from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in the Activities. I agree not to make or bring any such claim or demand against the Organization, and fully and forever release and discharge the Organization from liability under such claims or demands.

I UNDERSTAND THAT THIS RELEASE DISCHARGES THE ORGANIZATION FROM ANY LIABILITY OR CLAIM THAT I MAY HAVE AGAINST THE ORGANIZATION WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE, OR PROPERTY LOSS, INCLUDING MY OWN PERSONAL OR REAL PROPERTY, THAT MAY RESULT FROM THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION OR OTHERWISE AND REGARDLESS OF WHETHER IT OCCURS AT THE ORGANIZATION'S PREMISES OR ELSEWHERE.

4. Insurance. I UNDERSTAND THAT THE ORGANIZATION DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE OF ANY NATURE IN THE EVENT OF MY INJURY, ILLNESS, OR

DEATH, OR DAMAGE TO OR LOSS OF MY PROPERTY. MOREOVER, I AGREE THAT I HAVE MY OWN HEALTH INSURANCE COVERAGE THAT WILL COVER ME DURING THE ACTIVITIES.

I also understand that workers' compensation insurance is not available to volunteers and that the Organization does not provide workers' compensation insurance for volunteers. I expressly waive any claim for compensation or liability on the part of the Organization in the event of any injury or medical expense.

5. Indemnification. I hereby agree to indemnify, defend, and hold harmless the Organization from any and all liability, losses, damages, judgments, or expenses, including attorneys' fees, that it may incur or sustain as a result of my negligence, recklessness, or willful misconduct in connection with my participation in the Activities, arising out of any third-party claim.

6. Photographic Release. I understand and agree that during the Activities, I may be photographed and/or videotaped by the Organization for internal and/or promotional use. I hereby grant and convey to the Organization all right, title, and interest, including but not limited to, any royalties, proceeds, or other benefits, in any and all such photographs or recordings, and consent to the Organization's use of my name, image, likeness, and voice in perpetuity, in any medium or format, for any publicity without further compensation or permission.

7. Miscellaneous. I hereby agree that this Release represents the full understanding between the Organization and me and supersedes all other prior agreements, understandings, representations, and warranties, both written and oral, between us, with respect to the subject matter hereof. If any term or provision of this Release shall be held to be invalid by any court of competent jurisdiction, that term or provision shall be deemed modified so as to be valid and enforceable to the full extent permitted. The invalidity of any such term or provision shall not otherwise affect the validity or enforceability of the remaining terms and provisions. This Release is binding on and inures to the benefit of the Organization and me and our respective heirs, executors, administrators, legal representatives, successors, and permitted assigns. Section headings are for convenience of reference only and shall not define, modify, expand, or limit any of the terms of this Release. I acknowledge that in order to perform Activities that involve the operation of a motor vehicle I shall have a valid driver's license and auto insurance on the vehicle(s) and agree to update the Organization on any changes to the status of my license or insurance.

8. Governing Law. I hereby agree that this Release is intended to be as broad and inclusive as permitted, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Vermont, without reference to any choice of law doctrine.

[SIGNATURE PAGE FOLLOWS]

**BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE ORGANIZATION.**

Name of Volunteer (please print): \_\_\_\_\_

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

Signature of Volunteer: \_\_\_\_\_

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

**EMERGENCY CONTACT INFORMATION**

In case of an emergency, contact:

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

Relationship: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Any allergies, medications, or other information needed in an emergency:

\_\_\_\_\_

If the volunteer is under 18 years of age, a parent or legal guardian must also sign.

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby consent in all respects to the terms of this Release. I authorize the Organization to obtain medical treatment for such minor and release it from liability in accordance with Section 2 of this Release.

Name of Volunteer (please print): \_\_\_\_\_

Name of Parent or Guardian (please print): \_\_\_\_\_

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

Signature of Parent or Guardian: \_\_\_\_\_

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