

Volunteer Application



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Volunteer Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: _____

E-mail: _____

Why would you like to contribute to Cattails? _____

For Cattails Use Only:

I would like to contribute in the following ways:

- Adoption Events Animal Welfare Distribute Flyers Facilities Clean-up
 Foster Care Provider Fundraising Other: _____

Do you have an area of expertise or skill that you are willing to share? Yes No

If yes, please tell us more about it: _____

Have you ever been charged with and/or convicted of a crime (other than minor traffic offenses)?

No Yes If yes, please explain: _____

(Being charged with or convicted of a crime does not automatically eliminate you from contributing.)

References (required for working with the animals):

1) Name: _____ Phone: _____

Relationship: _____ Years known: _____

2) Name: _____ Phone: _____

Relationship: _____ Years known: _____

I pledge that the above information is true and complete to the best of my knowledge. Further, I give permission for Cattails to perform a complete background investigation on me and to contact any and all references I have listed on this application.

Signature of Volunteer: _____ Date: _____

Signature and Phone Number of Parent/Guardian (if under 18 yrs):

_____ (_____) _____ - _____

Name: _____

Release of Liability

I, the undersigned, have applied to be a volunteer/foster parent, here forward referred to as the "volunteer," for **Cattails Society Feline Rescue**, here forward referred to as the "organization," and upon acceptance into the volunteer/foster program, here forward referred to as the "program," and hereby acknowledge and agree to the following:

1. I will follow and abide by the procedures, policies and training presented to me for participation in the program.
2. I authorize the organization to seek emergency treatment for me in case of accident, injury or illness. Furthermore, I understand that it is important to discuss vaccinations against tetanus and other illnesses and diseases with my physician. I therefore release the organization from all injuries, claims or other losses that I may incur because of my failure to receive a tetanus vaccination or other medical treatment.
3. Neither this agreement nor my participation in the program shall be interpreted or give rise to an employee/employer relationship between the organization and myself. I understand I am not an employee while participating in this program and will receive no compensation or other employee benefits.
4. I understand that the behavior of domestic animals is at times unpredictable and that some domestic animals are capable of inflicting property damage, serious personal injury, and even death.
5. I have read and understand the entire Agreement, specifically the release of liability in paragraph 4 and acknowledge that participating in the program shall be at my sole risk. I further agree that if any portion of this agreement is held invalid, the remainder thereof will continue in full legal force and effect.

Volunteer

Signature: _____ Date: _____

*Parent Name and Signature if Volunteer is younger than 18 years old.

Cattails Society Feline Rescue

Representative Name: Natalie Young Date: _____

Representative Signature: _____