



# Volunteer Application

1925 S. Tamiami Trail, Venice FL 34293 ☎ 941.492.6200

## PERSONAL INFORMATION

First Name:	Last Name:	
Street Address:	Phone-Cell:	
City/State/Zip:	Phone-Home:	
Email:	Phone-Work:	
Educational Background:	Age, if under 18:	

## EMERGENCY CONTACT INFORMATION

Name:	Relationship:	
Phone-Cell:	Phone-Home:	Phone-Work:

## GENERAL INFORMATION

Do you currently have pets?  Yes  No If Yes, what kind and how many:

Please tell us about your experience with cats, previous volunteer experience, and any special skills/abilities:

What volunteer position(s) are you interested in? (Check all that apply)

<input type="checkbox"/> Adoption Counselor	<input type="checkbox"/> Ambassador/Socializer	<input type="checkbox"/> Cleaners	<input type="checkbox"/> Clerical/Receptionist
<input type="checkbox"/> Closing Duties	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Thrift Store Volunteer	

Other:

## VOLUNTEER AVAILABILITY - SHELTER

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning: 10-1:30						
Afternoon: 1:30-5						
Friday PM: 4-7						

## VOLUNTEER AVAILABILITY - THRIFT STORE

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning: 9-1						
Afternoon: 1-5						

*Indemnifications: I agree that the copyright for any creative work done for, or on behalf of, St. Francis Animal Rescue (SFAR) shall remain the sole property of SFAR. I agree to act and allow my minor child to act as a volunteer for SFAR. I acknowledge and agree that activities performed by me and my minor child will be performed strictly on a voluntary basis, without any pay, compensation or benefits. I agree to comply and require my minor child to comply with the rules and regulations established by SFAR and failure to do so may result in my or my minor child's removal as a volunteer. I am aware of the nature of the activities to be performed as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease exists, including physical harm, illness or disease caused by animals. I agree that all volunteer activities are to be performed at my and my minor child's own risk. On behalf of myself and my minor child and respective heirs and personal representatives, I agree not to hold or attempt to hold SFAR or its employees responsible for any injury or damage sustained or incurred arising out of or in any way connected to my and my minor child's activities as a volunteer for SFAR, regardless of whether such injury or damage was caused by the acts or negligence of SFAR. If I am or my minor child is convicted of or plead no contest to a crime during my tenure as a volunteer, I agree to notify SFAR immediately.*

Signature of Volunteer Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If Under 18, Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit completed form to:** St. Francis Animal Rescue, 1925 S. Tamiami Trail, Venice FL 34293 - or - Email [sfarvenice@gmail.com](mailto:sfarvenice@gmail.com)

### For Office Use

SFAR Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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