

FILL OUT THIS FORM AND SEND IT TO CONTACT@ANIMALSFORLIFE.ORG OR FAX TO 203-663-3926

Adult Volunteer Application

Volunteers must be a minimum of 18 years of age. Our volunteer coordinator will reach out to you as soon as possible to discuss your application. Please print neatly.

Date:		
Applicant Name:	Date of Birth:	
Street Address:		
City:	State & Zip Code:	
Cell Phone:	Alt. Phone:	

Shelter Shift Sign-Up

Shifts typically last for 3 hours. AM shifts are 9:30AM-12:30PM and PM shifts are 6:30PM-9:30PM. Please circle the shift(s) you are interested in volunteering on. Please note: you may not be assigned to all of the shift(s) you circle.

Monday AM	Monday PM	Tuesday AM	Tuesday PM	Wednesday AM	Wednesday PM
Thursday AM	Thursday PM	Friday AM	Friday PM	Saturday AM	Saturday PM
		Sunday AM	Sunday PM		

Veterinary Appointments

Cats need to be dropped off and picked up at our vets located in Plantsville, Waterbury, Watertown, and Naugatuck. Are you interested helping us with this? **YES** _____ **NO** _____.

If YES, would you prefer pick-ups or drop-offs? Pick-up ____ Drop-off ____ Both ____.

Other Programs

Are you interested in becoming a Foster for our Cats? YES _____ NO _____. Please note, if interested, you may be required to fill out an additional application and agreement.

Are you interested in participating in our TNR/Community Cat Program? YES _____ NO _____.

Important Information: Please Read and Sign

At Animals for Life, we do our best to offer a fun, educational and safe environment for all our volunteers. We encourage you to ask questions you may have about our program(s) and meet the animals in our care. It is important for you to understand there are risks in working with any animal. By signing this form, you are acknowledging that all animals are unpredictable and there is an inherent risk in handling any animal. By signing this form, you agree to indemnify and hold harmless Animals for Life, Inc., its employees, agents, servants, volunteers, or members from any claims for injuries or property damage in any way related to the interaction with the cats in our care.



Medical Release & Release of Liability for Volunteers

I have been advised by Animals for Life, Inc. (hereafter referred to as AFL) that rabies is a serious and potentially life-threatening disease that can be carried by animals. I have further been advised by AFL that the potential is there that animals under the care of AFL could be carriers of rabies and other zoonotic diseases. I acknowledge that AFL advises me that I should be vaccinated for rabies and tetanus if I am handling animals. However, if I have any questions pertaining to rabies, tetanus or any other zoonotic diseases, I should contact my personal physician for detailed, knowledgeable explanation of these diseases. I understand that new medical information about rabies and other zoonotic diseases may become available and understand AFL is not in a position to answer my questions as they pertain to medical advice or care.

I understand that AFL is not always in a position to know, and makes no representation that all animals under their care are free of rabies or any other zoonotic disease. I understand that I am not legally entitled to rely upon the accuracy of any statements or representations which are made to me by any representative, or volunteer of AFL that may be contrary to the provisions of this agreement.

In the event that any animal I handle does have rabies or any other zoonotic disease, I understand that I cannot hold AFL Inc, or any of its employees, agents, servants, volunteers or members responsible. I further understand that I am not entitled to any compensation of medical or other fees associated with contracting rabies or any other zoonotic disease.

Printed Name:	Date of Birth:				
Street Address:					
City:					
	Alt. Telephone #:				
State-Issued	I ID or Driver's License Information				
State:License/ID) #: Exp.	Exp. Date:			
Eme	rgency Contact Information				
Name:	Relationship to You:				
Primary Telephone #:	Alt. Telephone #:				
	Signatures				
VOLUNTEER PRINTED NAME	SIGNATURE	DATE			
WITNESS PRINTED NAME	SIGNATURE	DATE			
	PO BOX 1481, NAUGATUCK, CT 06770 • 2 SFORLIFE.ORG • WWW.ANIMALSFORLIFE				

Volunteer Information