



Animals for Life, Inc. Adult Volunteer Application

FILL OUT THIS FORM AND SEND IT TO CONTACT@ANIMALSFORLIFE.ORG OR FAX TO [203-663-3926](tel:203-663-3926)

Please print neatly. All applicants must at least 18 years of age. We are not accepting applications for community service at this time. Our volunteer coordinator will reach out to you as soon as possible to discuss your application.

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.

PRINTED NAME

SIGNATURE

DATE



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.

Volunteer Information

Printed Name: _____ Date of Birth: _____
 Street Address: _____
 City: _____ State & Zip Code: _____
 Primary Telephone #: _____ Alt. Telephone #: _____

State-Issued ID or Driver's License Information

State: _____ License/ID #: _____ Exp. Date: _____

Emergency Contact Information

Name: _____ Relationship to You: _____
 Primary Telephone #: _____ Alt. Telephone #: _____

Signatures

_____	_____	_____
VOLUNTEER PRINTED NAME	SIGNATURE	DATE
_____	_____	_____
WITNESS PRINTED NAME	SIGNATURE	DATE