



Animals for Life, Inc. Adult Volunteer Application

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

Volunteers must be a minimum of 18 years of age. Our volunteer coordinator will reach out to you as to discuss your application. Please print neatly. **Please note we are not accepting applications for community service at this time.**

Date of Application: _____

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. **MORNING (AM)** shifts are 8:30AM–11:30AM and **EVENING (PM)** shifts are 6:30PM– 9:30PM. Please circle the shift(s) you are interested in volunteering on.

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		

Please note: you may not be assigned to all of the shift(s) you circle.

VETERINARY APPOINTMENTS

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

Applicant Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State & Zip Code: _____

Cell Phone: _____ Alt. Phone: _____

By affixing my signature below, I, the Applicant identified above, hereby acknowledge that rabies is a serious and potentially life-threatening disease that can be carried by animals. I further acknowledge that the potential is there that animals under the care of Animals for Life, Inc. (hereafter "AFL") could be carriers of rabies and other zoonotic diseases. I acknowledge that AFL advises 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 understand that 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, 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.

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship to You: _____

Cell Phone: _____ Alt. Phone: _____

SIGNATURES

APPLICANT PRINTED NAME

APPLICANT SIGNATURE

DATE

WITNESS PRINTED NAME

WITNESS SIGNATURE

DATE