



Animals for Life, Inc. Volunteer Application

Send completed forms via email to contact@animalsforlife.org or fax to **203-663-3926**.

Date of Application: _____

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

VOLUNTEER ACTIVITIES

Please indicate below which volunteer activities you wish to participate in.

Shelter Shifts: Shifts typically last for 3 hours and are scheduled in the morning from **8:30 a.m. to 11:30 a.m.** and the evening from **6:30 p.m. to 9:30 p.m.**, although some shifts may vary. Please check off the shift(s) you are interested in volunteering on.

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Monday AM | <input type="checkbox"/> Monday PM |
| <input type="checkbox"/> Tuesday AM | <input type="checkbox"/> Tuesday PM |
| <input type="checkbox"/> Wednesday AM | <input type="checkbox"/> Wednesday PM |
| <input type="checkbox"/> Thursday AM | <input type="checkbox"/> Thursday PM |
| <input type="checkbox"/> Friday AM | <input type="checkbox"/> Friday PM |
| <input type="checkbox"/> Saturday AM | <input type="checkbox"/> Saturday PM |
| <input type="checkbox"/> Sunday AM | <input type="checkbox"/> Sunday PM |

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**, I want to help with pick-ups and drop-offs.
- YES**, I want to help with drop-offs only.
- YES**, I want to help with pick-ups only.
- NO**.

Other Programs:

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

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



Animals for Life, Inc. Volunteer Medical Waiver and Release of Liability

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

I hereby acknowledge and assume the risk and responsibility in the participation of any and all voluntary activities associated with Animals for Life, Inc. (“AFL”) at any location an AFL voluntary activity is conducted.

I certify that I am at least eighteen (18) years old and am signing this release and waiver on my own free will. (If under the age of (18), this release and waiver must be signed by a parent or guardian assuming responsibility.)

I understand and agree to assume all risks involved in any and all duties I perform for AFL, including but not limited to animal handling, animal transportation, fostering, kennel work, cage cleaning, fund raising, and all duties and activities associated with AFL and their animals.

I understand and acknowledge that the animals may have unknown dispositions and temperaments. I understand and agree to assume all risks of being bitten, scratched or injured by any animal in connection with my work on behalf of AFL.

I understand and acknowledge that animals under the care of AFL could be carriers of infections, illnesses, and/or diseases that can be transmitted from an animal to a human (“zoonotic diseases”) (including, but not limited to, rabies, giardia, ringworm, tapeworm, etc.). I understand that AFL is not always in a position to know and makes no representation that all animals under its care are free of any or all zoonotic diseases. I acknowledge that AFL advises that I should be vaccinated for rabies and tetanus if I am handling animals, and that I should contact my personal physician for any questions about zoonotic diseases and preventative care for the same. I understand and agree to assume all risks of contracting illnesses from any animal in connection with my work on behalf of AFL.

I understand and agree to fully and forever release, discharge and indemnify and hold harmless AFL, affiliates, employees, partners, board members, officers and directors, and volunteers from any and all claims for damages I may have arising out of any injuries or illnesses suffered by me, including medical and legal claims.

On behalf of my heirs, personal representatives and executors, I release, discharge and indemnify and hold harmless AFL, affiliates, employees, partners, board members, officers and directors, and volunteers from any and all claims for damages I may have arising out of any injuries or illnesses suffered by me, including medical and legal claims.

I have read this release and understand the terms, and I execute it voluntarily and with full knowledge of its significance.

EMERGENCY CONTACT INFORMATION

Contact Name: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

SIGNATURES

Volunteer Applicant Printed Name Volunteer Applicant Signature Date

Signature of Parent of Guardian for volunteers under eighteen (18):

Parent/Guardian Printed Name Parent/Guardian Signature Date

Witness:

Witness Printed Name Witness Signature Date



Animals for Life, Inc. Media Consent/Release Form

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Animals for Life, Inc. (“AFL”) uses social media platforms, its website, other websites, and print or digital media to promote its shelter and help get its animals adopted. Often, this includes sharing photographs, electronic images, and video recordings taken of or by our volunteers in the course of their volunteer activities.

By checking the box(es) below, you grant AFL permission to use certain images/videos for promotional purposes, including but not limited to social media posts, website posts, newsletters, and other marketing materials. You agree that the images/videos will be used without compensation, and you waive the right to any royalties, proceeds, or other benefits derived from such images/videos.

- I authorize the use of images/videos taken of me during my volunteer hours and/or activities for the purposes explained above.
- I authorize the use of images/videos I have taken of AFL animals’ during my volunteer hours and/or activities for the purposes explained above.

AFL also understands if you would prefer to opt out of participating in promotional materials. By checking the box below, you are indicating that you do not want AFL to use and images/videos of you or taken by you for promotional purposes.

- I do not authorize the use of images/videos taken of me or by me during my volunteer hours and/or activities for the purposes explained above.

Should you change your mind about the authorization you have provided at any time, you will need to provide AFL with an updated Media Consent/Release Form.

Volunteer Applicant Printed Name Volunteer Applicant Signature Date

The signature of a parent or guardian is required for volunteers under eighteen (18).

Parent/Guardian Printed Name Parent/Guardian Signature Date