

# Fox Valley Animal Welfare League

## Volunteer Application



### Contact Information

Name	Emergency Contact
Address	Primary Phone
City/State/Zip	Alternate Phone
Primary Phone	Relationship to You
Alternate Phone	
Email	

### Availability

During which hours are you available for volunteer assignments?

Sunday			Monday			Tuesday			Wednesday			Thursday			Friday			Saturday					
Morn	Aftrn	Even	Morn	Aftrn	Even	Morn	Aftrn	Even	Morn	Aftrn	Even	Morn	Aftrn	Even	Morn	Aftrn	Even	Morn	Aftrn	Even			

### Interests / Special Skills

- |  |   |
|--|---|
| <input type="checkbox"/> Medical : Assist w/Surgeries        | <input type="checkbox"/> League: Adoptions        |
| <input type="checkbox"/> Medical : Recovery of Animals       | <input type="checkbox"/> League: Food Pantry      |
| <input type="checkbox"/> Clinic: Clean/Sterilize Instruments | <input type="checkbox"/> League: Foster Home      |
| <input type="checkbox"/> Clinic: Administrative              | <input type="checkbox"/> League: Humane Education |
| <input type="checkbox"/> Clinic: Wellness Clinics            | <input type="checkbox"/> League: Rummage Sale     |
| <input type="checkbox"/> League: Fundraising                 | <input type="checkbox"/> League: Paws In The Park |
| <input type="checkbox"/> League: Marketing                   | <input type="checkbox"/> League: Walk For Animals |

List any special skill set or volunteer experience that you have had?

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### Volunteer Release Form

I hereby agree to accept a position as a volunteer for the Fox Valley Animal Welfare League (FVAWL) and in doing so, I agree to comply with all of the policies, rules, and regulations established by the FVAWL. I understand that failure to do so may result in my immediate termination as a volunteer. I acknowledge that my services are provided strictly on a volunteer basis, without any compensation of any kind and without liability of any nature on behalf of the FVAWL.

I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury including physical harm caused by the animals. I hereby release, discharge, indemnify and hold harmless the FVAWL, its directors, officers, agents, employees and volunteers from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorney's fees incurred by the FVAWL in connection with the same, based on damages or injuries which may be incurred, or sustained by me in any way connected with my volunteer services for the FVAWL, including, but not limited to, animal bites, accidents, injuries, or personal property damage.

Name (printed)	Signature
Date	Parent's Signature (if under 18)

### Public Relations Release Form

I understand that public relations are an important part of volunteering at the FVAWL and allow FVAWL to use any photographs/video taken of me in volunteer services for use in public relations efforts. FVAWL will use reasonable efforts to notify me, but such notifications are not a condition of the photograph or video's release for public relation purposes.

Name (printed)	Signature
Date	Parent's Signature (if under 18)

### Tetanus Shot Vaccination Form

I certify that my last Tetanus shot was received within the last nine (9) years. Alternatively, I understand that failure to acquire and remain current on a Tetanus shot places me at risk and I hereby agree to hold harmless the FVAWL, its directors, officers, agents, employees and volunteers from any responsibility or liability for any and all illness, injuries, or death as a result.

Name (printed)	Signature
Date	Parent's Signature (if under 18)