

**EMMY'S HOPE RESCUE
P O Box 2364
Tomball, TX 77377-2364
281-622-6549**

VOLUNTEER APPLICATION

In order to be approved you must:

1. Be at least 18 years of age to volunteer OR have a parent's signed permission
2. Understand that Emmy's Hope Rescue has the right to deny or approve your application, and understand that this application will be retained in our files.

PLEASE PRINT OR WRITE LEGIBLY ALL YOUR RESPONSES:

Name: _____ Cell #: _____

Date of Birth: _____ Email Address: _____

Emergency Contact: _____ Pho #: _____ Relationship: _____

Emergency Contact: _____ Pho #: _____ Relationship: _____

Have you ever adopted an animal before? _____ If yes, from where _____

Have you ever given up an animal for adoption? _____ If yes, why? _____

What made you decide you wanted to volunteer with EMMY'S HOPE RESCUE? _____

What area(s) of EMMY'S HOPE RESCUE interests you? (Please check all that apply)

____ Adoption Day Events

____ Are you willing to work special fundraiser events?

Are you currently involved with any other volunteer organizations? _____

If so, which one(s) _____

How often? _____

Do you prefer working with dogs, cats or both? _____

Are there any special interest (s) or skills that you would like EMMY'S HOPE RESCUE to know about you?
(i.e. Dog Training, Photography, Marketing, Fundraising or I T / Information Technology).

When was your last tetanus shot? _____

Date: _____

Volunteer Signature: _____

Printed Name: _____

(Must be signed in the presence of an Emmy's Hope Rescue official in order to be accepted.)

Accepted by Emmy's Hope Rescue: _____

VOLUNTEER AGREEMENT

I, _____ (please print), hereby agree to accept a position as a Volunteer for EMMY'S HOPE RESCUE (herein referred to as EHR).

I understand that the term voluntary means the way in which actions or services are rendered to EHR. Such actions or services are rendered to EHR with generous and charitable motives.

I understand that the term Volunteer means a person who freely chooses and renders services to EHR in a voluntary capacity.

EHR will incur no liability in the event of accident or injury.

I certify that all information provided to EHR is true and that false information may result in nullifying my volunteer application and agreement.

- I fully understand and agree that my services are provided strictly in a Volunteer capacity.
- I fully understand and agree that I am providing services to EHR strictly as a Volunteer.
- I fully understand that EHR handles animals of unknown temperament. I agree to hold EHR harmless of any injury(s) or diseases that I might sustain from handling animals during the course of my Volunteer duties.
- I fully understand and agree to assume all risks involved in any and all duties that I perform for EHR. Such duties may consist of (but not limited to) animal handling, lifting of heavy objects, cage maintenance and other related foreseeable duties.
- I understand that I represent EHR in dealing with the public and will act accordingly with courtesy, manners and realize that my actions (positive or negative) will have a reflection upon EHR.
- I understand that EHR expects a high standard of moral and ethical treatment of animals under its care. I agree to strictly adhere to these standards in my Volunteer capacity with EHR.
- I fully understand and agree that either my failure to fully comply with any and all of the obligations outlined in this Volunteer agreement, or for any reason whatsoever, while performing my volunteer services to EHR in a voluntary capacity, EHR at its sole discretion, may immediately terminate my volunteer services.

I am current on my tetanus shots: Yes ___ No ___

(I fully understand it is my responsibility to stay current on my tetanus shots and agree to assume all risks involved, if not current.)

RELEASE AND WAIVER

- I agree to release, discharge, indemnify and hold EMMY'S HOPE RESCUE (EHR) harmless of any and all damage to my personal property while performing as a Volunteer in a Volunteer capacity relating to any and all duties for EHR.
- I understand that in handling animals for EHR in a Volunteer capacity there exists a risk of injury or sickness, including personal injury or harm. On behalf of myself, my heirs and personal representatives and executors, I hereby release, discharge, indemnify and hold harmless EHR, its agents, officers and directors from any and all claims, causes of actions or demands, of any nature or cause connected with my volunteer agreement. This might include connection with my volunteer services based on damages that may be incurred or sustained by me in any way. Such damages might include, but are not limited to animal bites, accidents, injuries and personal property damage.
- I understand that public relations are part of volunteering with EHR. I agree, therefore on behalf of myself, my heirs, personal representatives and executors to allow EHR to use any photograph or video recording taken of me to use in public relations efforts. Any photographic or video images that I produce, in a voluntary capacity, will become the sole property of EHR and as such, they may use them in any way they see fit. EHR will use reasonable efforts to notify me, but such notification is not a condition of use under the auspices of EHR.

I acknowledge that I have read and understand the terms and conditions of the forgoing Volunteer Agreement and Release / Waiver and that I will comply with the same.

Date: _____

Volunteer Signature: _____

Printed Name: _____

(Must be signed in the presence of an Emmy's Hope Rescue official in order to be accepted.)

Parent or Legal Guardian of Volunteer under the age of 18

As a parent or legal guardian of _____ (volunteer – please print name), I hereby give my consent to allow my child / ward to perform volunteer services for EMMY'S HOPE RESCUE as described in the Volunteer Application, Volunteer Agreement and the Release and Waiver.

I certify that I have read, fully understand and agree to all the terms and conditions as set out in the above mentioned articles.

Furthermore, I have, to the best of my ability discussed and explained them to my child / ward.

I have paid particular attention to the Waiver / Release section.

Parent / Guardian Signature: _____

Parent / Guardian printed name: _____

Date: _____

Parent / Guardian Contact Information: (please print)

Home phone #: _____

Cell phone #: _____

Email: _____

Home address: _____

Secondary Contact: (please print)

Name: _____

Cell phone #: _____

(Must be signed in the presence of an Emmy's Hope Rescue official in order to be accepted.)