



DO YOU WANT TO HELP?

So you'd like to volunteer to help save animals? Wonderful!!! We are thrilled that you are interested in helping us in this mission. It is not an easy road to travel, but we commend you on being willing to help in any way that you can. Here are some ideas of HOW you can help:

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| <input type="checkbox"/> Transporting cat/kittens | <input type="checkbox"/> Foster/Safehouse cat/kittens |
| <input type="checkbox"/> Keep food bowls fresh and filled | <input type="checkbox"/> Answer calls |
| <input type="checkbox"/> Clean cages | <input type="checkbox"/> Pass out flyers |
| <input type="checkbox"/> Sweep floors | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Pet a cat | <input type="checkbox"/> Create Posters/Signs |
| <input type="checkbox"/> Pick up supplies | <input type="checkbox"/> Donate \$\$\$ |
| <input type="checkbox"/> Make copies | <input type="checkbox"/> Sponsor a Pet |
| <input type="checkbox"/> Make up charts | <input type="checkbox"/> Adoption Event Helper |
| <input type="checkbox"/> Adoption Counselor | |

Please complete the following information: (volunteers must be over 18 years of age or accompanied by a parent/guardian if under 18; if under 18, please contact us prior to completing this form)

NAME: _____

AGE: _____ driver's license # _____

Address: _____

HOME PHONE: _____ cell phone _____

WORK PHONE: _____

Email address _____

HOW MANY PEOPLE IN YOUR HOUSEHOLD? _____

ANY CHILDREN AND AGES: _____

ANY OTHER PETS? _____

ARE YOUR OTHER PETS GOOD WITH OTHER ANIMALS? _____

ARE YOUR PETS SPAYED/NEUTERED AND CURRENT ON VACCINATIONS?

DO YOU WORK? _____ NUMBER OF HOURS PER DAY _____

WHAT DAYS/HOURS ARE YOU AVAILABLE FOR VOLUNTEER WORK?

FROM THE LIST ABOVE--OR IF YOU HAVE OTHER WAYS TO HELP--PLEASE LIST BELOW WHAT YOU WOULD LIKE TO DO?

HAVE YOU EVER VOLUNTEERED WITH A RESCUE GROUP BEFORE?
PLEASE LIST WHAT YOU DID WHILE VOLUNTEERING WITH THAT GROUP.

ANY OTHER EXPERIENCE WORKING WITH ANIMALS THAT YOU WOULD LIKE TO LIST?

IF YOU ARE INTERESTED IN FOSTERING AN ANIMAL, PLEASE LIST WHAT TYPE OF ANIMAL YOU CAN FOSTER AND HOW MANY? ALSO WHERE IN YOUR HOME YOU CAN KEEP THE FOSTERED ANIMAL? DO YOU HAVE A FENCED IN YARD?

IF YOU CURRENTLY RENT, DO YOU HAVE PERMISSION FROM YOUR LANDLORD, ETC., TO BRING ANIMALS INTO YOUR HOME FOR FOSTERING? PLEASE GIVE NAME AND CONTACT INFORMATION FOR VERIFICATION. (This is only necessary if you agree to foster an animal.)

SAFE REQUIRES THE FOLLOWING FROM ITS VOLUNTEERS:

1. If you are fostering an animal placed in your home by SAFE, you realize that this animal must not be left with any person under the age of 18 or cared for by anyone under 18 without direct adult supervision.
2. Any animal placed in your home remains under the ownership of SAFE and will not be released or transported to anyone other than to SAFE volunteers or to the vets office without prior authorization from SAFE.
3. That no animal placed in your home by SAFE will be allowed to roam freely.
4. If fostering an animal, if medical treatment is required, you will contact SAFE for authorization to bring the animal to the veterinary clinic that SAFE uses for all medical treatments. You acknowledge that taking the fostered pet to any other vet without prior authorization, will incur vet bills that will be the sole responsibility of the fostering family and will not hold SAFE accountable for said bill.
5. Acknowledge that SAFE is not responsible for any damage done by a fostered animal to any property where the animal is being kept or allowed to roam.
6. Agree to release SAFE from any liability for any personal injury incurred while fostering or volunteering with SAFE.
7. I agree to return this animal to SAFE if at any time I can no longer provide adequate care and supervision of the animal. I will NOT return this animal to any shelter or person other than an SAFE representative.
8. We also acknowledge that no member of the foster/volunteer family has ever been charged or accused of animal cruelty, neglect or abandonment. We also acknowledge that we will never expose any animal within our care to any known individual accused/charged of same.

Thank you for taking the time to complete this form. We look forward to having you join our group in the continuing efforts to save animals from euthanasia.

Volunteer's Name

Volunteer's Signature

Date