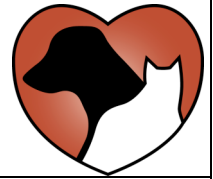


Stray Hearts Animal Shelter
1200 St Francis Road, PO Box 622
Taos, New Mexico. 87571
575-758-2981



Volunteer Application

Are you over 18 years of age?: Yes No if no please give current age _____
A parent or guardian must sign this application and Waiver if under the age of 18

Name:

Date:

Parent's Name (if under 18 years of age):

Mailing Address:

Physical Address:

Home Phone:

Work Phone:

Parent's Phone:

Parent's Work Phone:

Emergency Contact Name:

Relationship:

Emergency Contact Phone:

Email Address:

Education: (circle last year completed) **High School:** 1 2 3 4 **College:** 1 2 3 4 **Graduate:** 1 2 3 4

Please describe any previous education or work experience with animals:

Please check the volunteer positions you are physically capable to do:

walking dogs

volunteer adoption
counseling

fostering dogs/puppies/
cats/kittens

grooming cats/dogs

events/fundraising

feed and water dogs/cats

cat socialization

building maintenance

gardening/weeding

Do you have any physical or mental limitations which would effect the type of volunteer activities you are able to do; i.e. back problems, etc. _____ Yes _____ No

If "Yes", please explain:

Times I would like to commit to Stray Hearts:

Number of hours/week: _____ Number of hours/month: _____

Please indicate the days/times you would be available:

I agree and acknowledge that Stray Hearts may run a background check as a condition to accepting be as a volunteer.

Signature _____

Staff approval:

Date:

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Volunteer Agreement/Release Form

I, the undersigned, hereby agree to accept a position as a volunteer for the Stray Hearts animal shelter, and in doing so, agree to:

1. Accept and adhere to all policies of the SHAS and understand that failure to do so may result in my immediate termination as a volunteer.
2. Agree to a six month commitment to the SHAS volunteer program.
3. Accept the guidance and decisions of the Shelter staff.
4. Be present for scheduled shifts and to carry out duties promptly and reliably.
5. Maintain the dignity and integrity of the SHAS and honor confidential information.
6. Notify SHAS in writing or by phone, with appropriate notice, of extended leave of absence.
7. Understand the function of the paid staff, maintain a good working relationship with them, and stay within the bounds of volunteer responsibility.

I acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation of any kind, and without liability of any nature on behalf of the SHAS. I recognize that in handling animal and performing other volunteer tasks, there exists a risk of injury, including physical harm. All services to be performed by me are at my own risk. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless the SHAS, its agents, servants, and employees from any and all claims, causes of actions, or demands of any nature or cause, including costs and attorney's fees incurred by the SHAS in connection with the same, based on damages or injuries which may be incurred or sustained in any way connected with my services for SHAS, including, but not limited to, animal bites, accidents or injuries.

Signed: _____ **Printed Name:** _____

Parent's Signature if under 18 _____

Date _____