



Helping homeless and abused cats

Mailing Address: 6715 NE 63rd Street,  
 Suite 450, Vancouver, WA 98661  
 (360) 993-1097 ♦ fax (800) 353-1686  
 information@furryfriendswa.org  
 www.furryfriendswa.org

Tax ID 91-2002817

## Volunteer Application

Adults 18 and over

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Birth Month: \_\_\_\_\_ Birth Day: \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_ Employer: \_\_\_\_\_ Usual Hrs: \_\_\_\_\_

Please give us three references:

Name	Relationship	Phone/email

I authorize Furry Friends to print and distribute this contact information to other volunteers.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Furry Friends does not carry insurance to cover me as a volunteer. I understand that there is a possibility of health or injury risk to humans and personal pets when caring for rescued animals and I hereby agree to hold Furry Friends harmless from any and all liability, damage or personal injury resulting from volunteer service.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**WE RECOMMEND ALL VOLUNTEERS IN CONTACT WITH ANIMALS  
 HAVE A CURRENT TETANUS VACCINATION**

## Areas of Greatest Need - Please Initial if Interested

### NO PRIOR EXPERIENCE REQUIRED

“SHELTER” ASSISTANT: Two to three-hour shift; must follow house procedures (a healthy, clean facility is critical); must be dependable (the cats rely on you); clean litter boxes, wash bedding, sweep, vacuum, feed/water, give medications, play with/socialize cats. \_\_\_\_\_

**FOSTER CARE:** Safe, stress-free, healthy home environment to socialize and love kittens and cats while you prepare them for a forever home. Transport to medical appointments and adoption events. May be asked to administer medications. FF provides food and other supplies. \_\_\_\_\_

**SPECIAL EVENTS:** Staff a booth at fair/other venue; answer public's questions and distribute FF information; be friendly, outgoing and professional with public and prospective volunteers. May be asked to transport table/chairs. \_\_\_\_\_

**THERAPY PET VISITS:** Two-hour visits at selected local facilities with your pet (usually dogs) -- if vaccinated and passes temperament test. The law requires that the pet must be currently licensed. \_\_\_\_\_

Other areas of need include, but are not limited to: PHONES \_\_\_\_\_ FUNDRAISING \_\_\_\_\_ TRANSPORT \_\_\_\_\_

ORIENTATION/TRAINING IS PROVIDED FOR ALL OF THE ABOVE

## PERSONAL HISTORY

What other organizations have you volunteered for, and what were your duties?

---

Special skills or experience in these areas I would like to offer (circle all that apply)

Vet Tech • Foster Home • Socializing/Grooming • Website maintenance/design • Computer • Yardwork  
 Support/data entry • Admin/Management • Organizer • Event Planner • Fundraising • Grant Writing • Internet  
 Sewing • Research • Public Speaking • Publications • Marketing • Media • Graphic Arts • Photography • Legal  
 Shopping • Working with youth & students • Storage • Van or Truck • Building/Repairing • Handicrafts  
 Feral Cat Trapping

## AVAILABILITY

Will you make a six-month commitment to Furry Friends? \_\_\_\_\_ Availability date: \_\_\_\_\_

Avail. Hrs	SUN	MON	TUES	WED	THURS	FRI	SAT
AM							
PM							

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Adult Volunteer Applicant – over 18 years of age*

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

*FURRY FRIENDS Volunteer*

Comments: \_\_\_\_\_

How did you hear about Furry Friends? \_\_\_\_\_



**FurryFriends**



# VOLUNTEER WAIVER AND LIABILITY RELEASE

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact/Relationship: \_\_\_\_\_

Phone: Secondary Emergency Contact/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

• I understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release Furry Friends, from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk.

\_\_\_\_\_  
**Initial**

• I acknowledge and understand that as a volunteer of Furry Friends, I am not covered by workers' compensation or any other insurance policy through Furry Friends for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.

\_\_\_\_\_  
**Initial**

• I fully understand that as a part of my volunteer work for Furry Friends, I will come into contact with animals either by directly handling them, fostering or through assisting in their care and a doption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.

\_\_\_\_\_  
**Initial**

• I fully understand that as a volunteer and/or foster home for Furry Friends, my family may come in contact with animals at Furry Friends events, and I and my family and/or guests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a risk of injury, and it is possible that my family and/or guests may be bitten, scratched and/or otherwise injured.

\_\_\_\_\_  
**Initial**

• My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Furry Friends or any of its past, present or future Officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.

\_\_\_\_\_  
**Initial**

• In case of emergency, I authorize Furry Friends to notify my emergency contacts listed above.

\_\_\_\_\_  
**Initial**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**FurryFriends**

