



VOLUNTEER APPLICATION and RELEASE FORM

The CPC is an independent, nonprofit animal organization. The information provided to us by completing this Volunteer Application and Release Form will enable us to direct you towards an appropriate, rewarding volunteer experience. Please complete this application and sign and date the Application and Release Form. Thank you!

Name: _____ Date of Application: _____

Address: _____ Home Telephone: _____

Cellular Telephone: _____ Work Telephone: _____

Date of Birth: (Month/Day): _____ Are you 18 or older? No ___ Yes ___

E-mail Address: _____

Emergency Contact:

Name: _____ Relationship: _____ Telephone: _____

Are you currently attending school: No ___ Yes ___

If yes, what school, grade and class? _____

Employment: Are you presently employed? No ___ Yes ___

If yes, what is the nature of your work or job duties? _____

If yes, state your work hours: _____

Please indicate previous encounters with the CPC:

- | | |
|---|---|
| <input type="radio"/> Adopted an animal | <input type="radio"/> Previous volunteer position |
| <input type="radio"/> Attended a special event | <input type="radio"/> Purchased a raffle ticket |
| <input type="radio"/> Made a financial contribution | <input type="radio"/> Relinquished pet |
| <input type="radio"/> Newsletter | <input type="radio"/> <i>The Pet Project</i> |
| <input type="radio"/> Newspaper Columns & Stories | <input type="radio"/> Website |
| <input type="radio"/> Other: _____ | |

How did you hear about us? Please check your response(s).

- | | |
|---|--|
| <input type="radio"/> Animal Control Officer | <input type="radio"/> Employer |
| <input type="radio"/> Another humane organization | <input type="radio"/> Friend, relative, coworker or other acquaintance |
| <input type="radio"/> Another volunteer | <input type="radio"/> School-teacher or fellow student |
| <input type="radio"/> Contacted the organization yourself | <input type="radio"/> Volunteer Coordinator |
| <input type="radio"/> Donor | <input type="radio"/> Website |
| <input type="radio"/> Employee | |
| <input type="radio"/> Other: _____ | |



Please check the volunteer opportunities in which you would like to participate:

- | | |
|---|---|
| <input type="checkbox"/> Adoptions/Assistance | <input type="checkbox"/> Grant Writing and/or Other Writing |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Legislative Updates |
| <input type="checkbox"/> Clerical Work | <input type="checkbox"/> Meals on Wheels for Pets |
| <input type="checkbox"/> Client Assistance Services and Low-Cost Spay/Neuter Programs | <input type="checkbox"/> Office Volunteering |
| <input type="checkbox"/> Computer Functions | <input type="checkbox"/> Public Education |
| <input type="checkbox"/> Emergency Veterinary Program | <input type="checkbox"/> Rescue |
| <input type="checkbox"/> Events | <input type="checkbox"/> Transport Services |
| <input type="checkbox"/> Foster Program | <input type="checkbox"/> Veterinary Support |

How many hours a week are you available to volunteer? _____

What are your goals in volunteering? _____

Describe present and previous volunteer jobs: _____

Special skills, training, interests, or hobbies that you would like to share with us: _____

Please check the animals with which you are comfortable handling and working:

- | | |
|--|--|
| <input type="checkbox"/> Small/Medium Dogs | <input type="checkbox"/> Cats |
| <input type="checkbox"/> Medium/Large Dogs | <input type="checkbox"/> Kittens |
| <input type="checkbox"/> Puppies | <input type="checkbox"/> Rabbits, guinea pigs or other small animals |

List any other areas of interest not listed above and/or describe any special experience you may have:

Do you have any companion animals at home? No ____ Yes ____ If "Yes," how many and what kind?

Are they spayed or neutered? No ____ Yes ____ If "No," do you plan to breed them?

Did a current CPC volunteer recommend you to volunteer? No ____ Yes ____

If yes, please list his/her name so we may thank them: _____

Many times, we need help transporting animals to and from special events. Please answer the following questions. Keep in mind your responses will be held in strictest confidence.

Do you have a valid North Carolina driver's license? No ____ Yes ____

Do you have your own transportation? No ____ Yes ____

If yes, would you be willing to transport animals as part of your volunteer work? No ____ Yes ____



Have you ever been found guilty to a traffic violation? No ____ Yes ____

I give my permission to the CPC to verify the above information. I understand that this application does not guarantee acceptance into our volunteer program.

Volunteer Signature/Date

Parent/Guardian/Date

COMMUNITY PET CENTER VOLUNTEER RELEASE (18 years or older)

Please read the following statement, sign and date below:

I, hereby agree to accept a position as a volunteer worker for the Community Pet Center (herein after referred to as the "CPC"), and in doing so, I agree to comply with all of the current and future rules and regulations which may be established from time to time by the CPC, and 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 pay or compensation of any kind, and without liability of any nature on behalf of the CPC. All services will be performed at my own risk.

I recognize that in handling animals and performing other volunteer tasks there exists a risk of injury, exposure to zoonotic diseases (i.e. ringworm, giardia, rabies, and others), and physical harm caused by the animals. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify and hold harmless the CPC, it's agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorney's fee incurred by the CPC in (this is where there was a gap)connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for the CPC, including but not limited to animal bites, zoonotic diseases (i.e. ringworm, giardia, rabies, or others), accidents, or injuries.

I acknowledge I have read and accept these conditions.

Volunteer Signature

Date

Emergency Contact:

Name: _____ Relationship: _____ Telephone: _____

COMMUNITY PET CENTER VOLUNTEER RELEASE (17 years and under)

Please read the following statement, sign and date below:

I, being the parent or legal guardian, hereby give my consent to allow my (son, daughter, or ward) to perform volunteer services for the Community Pet Center (herein after referred to as the "CPC"). I fully understand and acknowledge that his/her services are to be performed subject to all the rules and regulations or the CPC, that violations thereof shall be cause for immediate dismissal from all volunteer services and opportunities, and that all services performed by my (son, daughter, or ward) are strictly voluntary, without pay or compensation of any kind and without liability of any nature on behalf of the CPC. I recognize that in handling animals and performing other volunteer tasks there exists a risk of injury, exposure to zoonotic diseases (i.e. ringworm, giardia, rabies, and others), and physical harm caused by the animals, and that all services performed by my (son, daughter, or ward) are performed at his/her own risk. If an CPC volunteer requests that I stay with my (son, daughter, or ward), I will gladly do so. I realize I will then be asked to complete a Volunteer Application and Release Form for myself and will be subject to the conditions stated therein.

On behalf of myself, my (son, daughter, or ward), my heirs, my personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the CPC, it's agents, servants, and employees from any



and all claims, causes of action, or demands, of any nature or cause, including costs and attorney's fees incurred by the CPC in connection with the same, based on damages or injuries which may be incurred or sustained by him/her in any way connected with his/her services for the CPC, including but not limited to animal bites, zoonotic diseases (i.e. ringworm, giardia, rabies, or others), accidents, or injuries. Please enter parent/guardian name, minor name and date below to acknowledge you have read and accept these conditions.

I acknowledge I have read and accept these conditions.

Parent Signature/Date

Minor Signature/Date

Emergency Contact:

Name: _____ Relationship: _____ Telephone: _____

Please return this application to:

CPC, PO Box 623, Rutherfordton, NC 28139-0623 – 828-287-7738-Office & Fax – rcapa@blueridge.net

FOLLOWING TO BE COMPLETED BY COMMUNITY PET CENTER

Volunteer Application Received _____ Date: _____

Application Completed in Full: Yes _____ No _____

Appropriate Release(s) Signed: Yes _____ No _____

Items Needed:

Application Status:

Approved _____

Denied _____

CPC Signature: _____

Date: _____

