

A non-profit animal shelter

P.O. Box 1498 · 175 Hwy. 221 • Choteau, MT 59422 · Phone: (406) 466-2100 · FAX: (406) 466-2192

VOLUNTEER APPLICATION AND AGREEMENT

Thank you for your interest in Bright Eyes Care & Rehab Center, Inc. ("Charity").
Our Charity is a non-profit Montana corporation, which operates a shelter for homeless, abandoned, and abused animals. Volunteers with a variety of skills are needed,

Please take the time to complete this Application and the short Agreement, and return it to the address above. After we review your information, one of our volunteers will contact you regarding your availability to volunteer, and the activities in which you have expressed interest.

Volunteer Application

Please print all information!

Today's Date _____

Your Name _____

Your Address _____

Daytime Phone _____

Occupation _____

Employer's Name _____

Employer's Address _____

Employer's Phone _____

List three references. One must be your veterinarian.

Name:

Phone:

Relationship:

List your animal organization memberships, with telephone numbers and positions held.

Have you been a committee chairperson? () Yes () No

If yes, list committees and years served.

Have you written any newsletters? () Yes () No

If yes, please describe.

Do you presently own a dog or cat? () Yes () No

If yes, please describe. (Please use reverse side if you have more than three pets.)

	<u>Cat</u>	<u>Dog</u>	<u>Breed/Mix</u>	<u>Sex</u>	<u>Age</u>	<u>Where obtained?</u>
1.	()	()	_____	___	___	_____
2.	()	()	_____	___	___	_____
3.	()	()	_____	___	___	_____

Have you owned dogs or cats in the past? () Yes () No

If yes, please describe them and what happened to them. For example, "gave away because ... " or "died from ... ", or "was lost because ... " (Please use reverse side if you had more than three pets.)

	<u>Cat</u>	<u>Dog</u>	<u>Breed/Mix</u>	<u>Sex</u>	<u>Age</u>	<u>What happened?</u>
1.	()	()	_____	___	___	_____
2.	()	()	_____	___	___	_____
3.	()	()	_____	___	___	_____

Do you have experience or training in any of the following pet related areas?

- Training 0 Yes 0 No
- Grooming 0 Yes 0 No
- Vet Assistant 0 Yes 0 No
- Kennel Assistant 0 Yes 0 No
- Pet Store Sales 0 Yes 0 No
- Whelping 0 Yes 0 No
- Animal Rescue 0 Yes 0 No
- Other? _____

Please explain any areas you checked "yes".

What types of volunteer work would you like to do?

Which hours and days of the week can you volunteer?

Volunteer Agreement

In consideration of this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them:

1. I will abide by the mission, rules, regulations, policies and programs of the Charity while I am a volunteer.
2. If I stop being a volunteer for the Charity for any reason, or upon the Charity's request at any time, I will promptly return all of the Charity's supplies, equipment, records, moneys, and other items in good, clean condition.
3. I assume the risks of being bitten, scratched, injured, or frightened by cats, kittens, dogs and puppies in connection with my volunteer work for the Charity. Charity is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for the Charity, unless they are the result of the Charity's gross negligence or intentional misconduct. I will indemnify, defend and hold the Charity harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for the Charity, or my breach of Charity's rules, regulations, policies and programs.

4. I understand and agree that the Charity may refuse volunteer applications for any reason.
5. If I will be sheltering or providing foster care or boarding any of Charity's animals in my home or business, I consent to the Charity visiting my home or business from time to time to observe the animals and their living quarters.
6. I have accurately and truthfully completed this Volunteer Application and Agreement.
7. Any modification to this Agreement must be in writing signed by both parties. This Agreement is binding upon the Charity, me, and the Charity's and my respective heirs, successors, assigns, executors, and personal representatives.

Dated: _____

APPLICANT _____ CHARITY _____

Sign Name _____

Print Name _____

Street Address _____

City, State, Zip _____

Telephone _____

SIGN IN DUPLICATE