



Volunteer Application

Feline Friends of Southwest Florida

P.O. Box 17998 Sarasota, FL 34276

felinefriendsswfl.org

Please complete the entire application

Today's Date	<i>For office use only</i>	
First Name	Last Name	
Address	City	Zip
Home Phone	Work Phone	Cell Phone

E-Mail Address		
Date of Birth	Check here if you are under 18 years of age (Must be at least 16 years old to volunteer)_____	
If under 18, name of parent/guardian	Parent/Guardian's Home Phone	Parent/Guardian's Other Phone

Parental Consent - Required if you are between 16 and 18 years old	
<p>I hereby give permission to _____ in this application to participate in the Feline Friends of Southwest Florida programs.</p> <p>In addition, I agree to the terms of the Tetanus Waiver Statement and the Liability Waiver Statement included in this application.</p> <p>Parent/Guardian Signature: _____ Date: _____</p>	

Applicant's Driver's License Number	State	Expiration Date
Applicant's Employer		
Employer's Address	City	Zip
Work Hours	Work Duties	



Tetanus Waiver Statement

I understand that because I will be handling animals, it is important to be vaccinated against tetanus. I agree to take responsibility for assuring my protection from risk and release **Feline Friends of Southwest Florida** from any liability.

Applicant's Signature _____ Date _____

Do you have any physical limitations or medical conditions (including allergies) we should be aware of?

Emergency Notification

Name		Relationship
Address	City	Zip
Home Phone	Work Phone	Cell Phone

Name		Relationship
Address	City	Zip
Home Phone	Work Phone	Cell Phone

References

Please list two non-family references whom we might contact

Name		Relationship
Address	City	Zip
Home Phone	Work Phone	Cell Phone

Name		Relationship
Address	City	Zip
Home Phone	Work Phone	Cell Phone



Experience with Animals:

What experience do you have with pets? Are you a current pet owner? If yes, what kind of pets?

Languages Spoken:

If volunteering for a service project or school requirement indicate project name, required hours, supervisor's name and phone number.

Do you have special skills that would be beneficial to a TNVR Program:

Why do you want to volunteer for FFSWFL?

What kind of activities would you like to become involved with?

- | | |
|--|--|
| <input type="checkbox"/> Trapping Cats | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Transporting Cats | <input type="checkbox"/> Office Work / Computer skills |
| <input type="checkbox"/> Colony Caretaker | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Fostering Cats and Kittens | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Fostering Pregnant Cats | <input type="checkbox"/> Running Errands |
| <input type="checkbox"/> Fostering Bottle Babies | <input type="checkbox"/> Vet Tech/Medical |
| <input type="checkbox"/> Special Needs Cats | <input type="checkbox"/> Coin Bank |
| <input type="checkbox"/> Community Outreach / Public Relations | <input type="checkbox"/> Fundraising |

Availability

Please indicate the days and times you are usually available to volunteer.

Check Day / Indicate Hours

- | | | |
|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Sundays | <input type="checkbox"/> Thursdays | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mondays | <input type="checkbox"/> Fridays | Comments |
| <input type="checkbox"/> Tuesdays | <input type="checkbox"/> Saturdays | |
| <input type="checkbox"/> Wednesdays | | |



VOLUNTEER WAIVER OF LIABILITY AND RELEASE AGREEMENT

The undersigned volunteer ("Volunteer"), in exchange for the participation in the activity of performing various volunteer services for Felines Friends of Southwest Florida ("FFSWF") hereby agrees to this Volunteer Waiver of Liability and Release Agreement (the "Agreement") according to following terms and conditions.

The Volunteer knows and understands that there are certain inherent risks associated with performing volunteer services for FFSWF. The Volunteer assumes full responsibility for any personal injury to the Volunteer and further releases and discharges FFSWF for any injury, loss or damage the Volunteer may suffer arising from the Volunteer's performance of services for FFSWF.

The Volunteer hereby agrees to indemnify and defend FFSWF, and their directors, officers, agents, and employees from against all claims, causes of action, damages, judgments, costs or expenses, including attorneys' fees and other litigation costs that may in any way arise from the Volunteer's services with FFSWF.

The Volunteer agrees that this Agreement shall be governed by the laws of the State of Florida. Venue shall lie exclusively in Florida. All limitations of liability contained in this Agreement shall survive the completion and termination of the Volunteers services with FFSWF, shall remain in full force and effect.

I also acknowledge that my services provided to FFSWF will be on a strictly voluntary basis, without receiving any compensation, and I will not be eligible for any benefits.

Lastly, I understand that either I, or FFSWF, may terminate my services as a volunteer at any time.

IN WITNESS WHEREOF, the Volunteer has signed this Agreement on this _____ day of _____, 20____.

VOLUNTEER:

(Signature)

(Print name)