

# ANIMAL RESCUE RECON

P.O. Box 638  
Oakley, CA 94561  
925-392-7654

[AnimalRescueRecon@gmail.com](mailto:AnimalRescueRecon@gmail.com)

## VOLUNTEER APPLICATION

The volunteer program is offered to adults and minors ages 12 and up. After turning in the completed application, our Supervisor will contact the applicant to schedule a new volunteer orientation.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City ZIP

Home Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

If Student, Name of School: \_\_\_\_\_  
Full Time Part Time

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Do you have any physical or other limitations that we should be aware of? \_\_\_\_\_

Do you currently have pets?  Yes  No If yes, how many & what type? \_\_\_\_\_

Are you able to make a 4-hour minimum weekly commitment to your volunteer position?  Yes  No

In case of Emergency, contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do not write below, office use only:

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## **VOLUNTEER AREAS OF INTEREST**

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

Please check all your preferences in order of 1, 2, 3, etc:

- \_\_\_\_\_ Dog Care Assistant -Comfort, walk, socialize. Clean living space; brush & bathe as needed.
- \_\_\_\_\_ Cat Care Assistant -Comfort, pet & socialize. Clean living space; clip claws & brush.
- \_\_\_\_\_ Adoption Assistant -Assist public with animals during adoption events.
- \_\_\_\_\_ Mobile Adoptions -Assist with animals at store / off-site adoption events.
- \_\_\_\_\_ Transportation -Assist with transporting animals to vet appts and adoption events.
- \_\_\_\_\_ Public Relations -Assist with increasing community awareness of our services
- \_\_\_\_\_ Writer -Write & submit rescue-related articles to various organizations
- \_\_\_\_\_ Marketing -Create and/or distribute flyers for various marketing campaigns
- \_\_\_\_\_ Web Specialist -Create and/or maintain website and social media platforms
- \_\_\_\_\_ Administrative -Assist with various office-related tasks, create files, computer work, etc
- \_\_\_\_\_ Foster Programs -Provide in-home care for animals including those requiring special attention, i.e. rehabilitation, pregnancies, litters
- \_\_\_\_\_ Other (Please Specify): \_\_\_\_\_

Please elaborate on any experience (volunteer, work, education), or any other information or skills that may be helpful in working with Animal Rescue Recon (attach additional pages if needed):

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Please indicate the time corresponding with the days in which you will be available to work:

\_\_\_\_\_  
Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

(Office Use Only): \_\_\_\_\_

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## **VOLUNTEER AGREEMENT**

I agree to abide by the policies and procedures as outline in the Animal Rescue Recon Volunteer Handbook. I understand that the above information is voluntarily supplied and may be used and disclosed for agency purposes. I understand that I will not be paid for my services as a volunteer. I understand that as a volunteer for Animal Rescue Recon, I may be requested to submit to a background check and fingerprinting.

Animal Rescue Recon has my permission to use any and all photos or videos taken of me for promotional use or to publicize an event. I understand that all prints, film and negatives become sole property of Animal Rescue Recon and may be used without prior notification or compensation of money, services, or goods.

I authorize Animal Rescue Recon to seek emergency medical treatment in the case of injury, accident or illness.

While Animal Rescue Recon is concerned with the safety and well-being of its volunteers, I acknowledge that it is my sole responsibility to exercise caution and good judgment. I understand and voluntarily assume the risks associated with volunteering for Animal Rescue Recon and do not, nor will not hold Animal Rescue Recon responsible for injury to person or property.

\_\_\_\_\_  
Signature of Applicant (if under 18, please have parent or legal guardian sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Date

## **Tetanus and Rabies Waiver**

Animal Rescue Recon feels it is important for all staff and volunteers to be current on their tetanus vaccination and rabies vaccination series, particularly if they will be handling animals. If a volunteer has questions about the tetanus vaccination and/or rabies vaccination series, he or she is encouraged to consult their physician, at their own expense, to decide whether or not to be vaccinated against tetanus and/or rabies.

I have read, understand and agree to the above information regarding tetanus and rabies vaccinations. Furthermore, I release Animal Rescue Recon from all responsibility that may occur due to lack of obtaining these vaccinations. I understand that whatever decision I make regarding this vaccination is my own decision and is made at my own risk.

\_\_\_\_\_  
Signature of Applicant (if under 18, please have parent or legal guardian sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Applicant

\_\_\_\_\_  
Date

VOLUNTEER  
RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK  
INFORMED CONSENT, RISK ACKNOWLEDGMENT  
AND INDEMNITY AGREEMENT

(completed by each volunteer)

PLEASE READ CAREFULLY

Volunteer Understands That by Signing this Agreement Volunteer is Waiving Certain  
Legal Rights, Including the Right to Sue

Volunteer Personal Information:

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

This **Volunteer Release of Liability, Waiver of Claims, Assumption of Risk Informed Consent, Risk Acknowledgment and Indemnity Agreement** made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between ANIMAL RESCUE RECON, INC.

Hereinafter referred to as ARR, provides that I, \_\_\_\_\_

in consideration for receiving permission to volunteer my services in an effort to increase the welfare and likelihood of permanent placement for ARR dogs needing adoption, release, waive, discharge, and covenant not to sue ARR including, but not limited to, its Board of Directors, Officers, servants, agents and volunteers (hereinafter referred to as "Releases") from any and all liability claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my, or to any property belonging to me, whether caused by the negligence of the Releases or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

I am fully aware of any risks or hazards connected with any activity, and I elect to voluntarily participate in the activity, and to engage in such activity knowing that the activity may be hazardous to my property and to me. I further understand that there are inherent risks in working

with dogs, including, but not limited to, bites, scratches, accidents, (e.g., being dragged or knocked down, tripping over a leash,) potential transmission of zoonoses, (e.g., salmonella, campylobacter), infection, (e.g., staphylococcus), dermatoses, (e.g., sarcoptic mange), internal, (e.g., worms), or external (e.g., fleas, ticks) parasites of other diseases, transmission of which may be aerosol, through direct contact with a dog, its bodily fluids, feces, bedding, etc., the consequences of which, to me, may range from mild to severe. ARR provides immediate, ongoing, and complete veterinary care for its dogs, including vaccinations, treatment for zoonoses, including dermatoses & parasites, and does its best to evaluate both dogs and volunteers, matching them according to the dogs' requirements and volunteers' abilities. However, it must be recognized that a dog's entire stay with ARR is an ongoing evaluation process. It must also be recognized that dogs are living creatures, and may exhibit a variety of behaviors at different times in the same of different circumstances.

I hereby state that the foregoing has been clearly explained to me, I've been encouraged to ask questions and have received the answers to those questions. I will continue to ask questions and receive instruction throughout my tenure as a volunteer. In consideration for receiving permission to volunteer my services in an effort to increase the welfare and likelihood of permanent placement for ARR dogs needing adoption, I expressly state, understand, and agree that I assume all risk arising from any and all activities and inter- actions with or on behalf of ARR and/or all dogs in, entering into, or leaving its care and/or custody.

I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, whether physical or emotional, including death, that may be sustained by me, or any loss of damage to property owned by me, as a result of being engaged in such an activity, whether caused by the negligence of the Releases or otherwise. I understand that ARR makes no representations or warranties, express or implied, regarding any of the dogs with which I may work or otherwise come into contact. I understand that I may make no representations or warranties, express or implied, on neither behalf of ARR nor contract or otherwise bind ARR. Should I do so, I understand that I will be personally liable for any claims or damages arising from same, and restate my intention to hold Releases harmless and indemnify them from any such claims or damages.

I further agree to indemnify and hold harmless the Releases from any loss, liability, damage or costs, including court costs and attorneys fees, that they may incur due to my participation in the activity, whether caused by negligence of the Releases or otherwise.

I further agree to indemnify and hold harmless the Releasees from any and all liability for any damage to the property of, or personal injury to, any third party caused by a ARR dog.

It is my express intent that this **Volunteer Release of Liability, Waiver of Claims, Assumption of Risk Informed Consent, Risk Acknowledgment and Indemnity Agreement** shall bind myself and the members of my family and spouse, if I am alive, and my heirs and assigns,

executors and administrators, and personal representative, if I am deceased, shall forever waive and release all claims for damages whatsoever against ARR and shall be deemed as a release, waiver, discharge, and covenant not to sue the Releasees.

I expressly agree that this **Volunteer Release of Liability, Waiver of Claims, Assumption of Risk Informed Consent, Risk Acknowledgment and Indemnity Agreement**, is intended to be as broad and inclusive as permitted by the laws of the State of \_\_\_\_\_, and if any portion of this agreement is held to be invalid, the balance shall, notwithstanding, continue in full legal force and effect.

As a volunteer for ARR, I agree to provide my own automobile and health insurance at all times.

As a volunteer, I give my full permission for the use of my name, photographic, or video- taped likeness, to be used in any manner authorized by ARR.

This **Volunteer Release of Liability, Wavier of Claims, Assumption of Risk Informed Consent, Risk Acknowledgment and Indemnity Agreement** shall be governed by and construed in accordance with the laws of the State of CA

In signing this Release, I acknowledge and represent that I have read the above **Volunteer Release of Liability, Waiver of Claims, Assumption of Risk Informed Consent, Risk Acknowledgment and Indemnity Agreement**, understand it, and sign it voluntarily as my own free act and deed; no oral presentations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen years of age and fully competent, and I execute this Release for full, adequate and complete consideration, fully intending to be bound by same.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Print Name