



CARE Network Volunteer Application Form

First Name: _____ Last Name: _____

Date of Birth: _____ Male Female

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Current Occupation: _____ Employer: _____

Emergency Contact Person: _____

Emergency Contact Phone: _____

When is the best time to call you? _____

What animals currently reside in your home? _____

What animals have you previously been a guardian for? _____

Are you trained in Pet First Aid? _____

Availability

If you are available all days and times, please check the box:

If not, please indicate which days of the weeks and times (eg. mornings, afternoon, evenings) that you are available:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____



Volunteer Interests (Please check the areas of interest to you. If interested in more than one area, please indicate your order of preference)

Animal Rescue and Emergency Response. Includes participating in community visits and following up on specific cases of animal welfare.

Transportation

Do you have a valid Canadian Drivers Licence? Yes No

Do you possess a minimum of \$1,000,000 Automobile Liability Coverage under your vehicle insurance? Yes No

Fostering. Please circle which animals you would consider fostering: Dogs Cats Other

Fundraising and Event Planning

Public Outreach

Humane education

General Maintenance. Please circle areas where you can assist: cleaning crates, organizing supplies, laundry, construction projects.

Please list any specialized skills that you possess that may be of use to the CARE Network (eg. Previous work as a vet tech, construction skills, proficiency in web design, social media, etc)

Please provide two references:

Name: _____ Phone number: _____

Email: _____ Relationship to you: _____

Name: _____ Phone number: _____

Email: _____ Relationship to you: _____



Coastal Animal Rescue & Education (CARE) Network Volunteer Agreement & Release

In consideration of being permitted to participate in the Volunteer Programs of the Coastal Animal Rescue & Education (CARE) Network, I, the undersigned, agree to assume all risk of loss or injury, including death, to myself or damage to my property while participating in any volunteer programs of the Coastal Animal Rescue & Education (CARE) Network, and hereby release and waive any rights of action I presently have or may in the future acquire against the Coastal Animal Rescue & Education (CARE) Network to Animals, their heirs, assigns, servants, agents or volunteers for any such loss or injury, even though such loss or injury is caused by the negligence or default of the Coastal Animal Rescue & Education (CARE) Network, its servants, agents or its volunteers, whether acting in the scope of employment or not. I acknowledge that the animals of the Coastal Animal Rescue & Education (CARE) Network are not trained by the Coastal Animal Rescue & Education (CARE) Network and that they can be unpredictable and dangerous. I also acknowledge the Coastal Animal Rescue & Education (CARE) Network strongly recommends I keep current with my tetanus and rabies immunizations, and to consult my physician about this and any other concerns relating to working with animals. If I have any reason to suspect I am pregnant, Coastal Animal Rescue & Education (CARE) Network recommends I may wish to ask my physician about working with cats. I hereby waive for my personal representatives and dependents all such claims or rights of action aforementioned that the undersigned or my personal representative and dependents may herein have against the Coastal Animal Rescue & Education (CARE) Network, their heirs, assigns, servants, agents or volunteers. By my signature and seal, I acknowledge that I am of the full age and that I have read this release and have voluntarily accepted it.

_____ (Initial here)

By my signature I acknowledge that I am of full age and that I have read in detail the document containing the guidelines and have voluntarily accepted it.

DATE: _____

PRINT NAME : _____

ADDRESS: _____ CITY: _____

PHONE: _____

SIGNATURE OF VOLUNTEER: _____

SIGNATURE OF PARENT/GUARDIAN (if less than 19 years of age):
