

Christina Morgan, Esq.

CEO & Founder

Chad Atkins

COO & Founder

www.pawworks.org



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(805) 852-1744

Tax ID 46-4484336

VOLUNTEER RELEASE AND AGREEMENT

If accepted as a Paw Works volunteer, my signature below indicates that I have read, understand and agree to the following:

1. I hereby certify that I have never been convicted of animal cruelty, neglect or abandonment, and I have never been registered or required to be registered on any sex offender registry.
2. I will attend interviews, orientation sessions and training as PW deems necessary. I will abide by all PW policies and procedures and follow the directions/instructions of the PW Volunteer Coordinator. I agree to be supervised by the appropriate staff members and will report any problems that arise directly to the Volunteer Coordinator.
3. I will treat all animals and other volunteers with respect and I will work as a team member with all volunteers. I will adhere to the rules explained in the training as it pertains to animal handling, safety and wearing appropriate attire.
4. I understand that PW relies on me to be present for all my scheduled shifts. I will keep track of my schedule and will log my volunteer time in the PW system. In addition, I also will provide reasonable advance notice to the Volunteer Coordinator of any shift changes.
5. I understand the possible risk of bringing home illnesses from the facility to personal pets or vice versa and that I must have current vaccines for animals at home.
6. I understand the potential safety risks of working with animals and that I may not bring friends or relatives with me while volunteering for PW.
7. I hereby release PW and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from and agree not to sue PW for, any and all claims and causes of action, whether known or unknown, including, but not limited to, those resulting from or in connection with personal injury, property damage, disability or death arising out of, based upon or relating to my participation as a PW volunteer or in any PW related activity or project. I agree that in the event of any accident or injury occurring to myself, another person or an animal, I will report such incident to a PW manager immediately.
8. I acknowledge that any and all services I provide to PW are strictly on a volunteer basis without pay or compensation of any kind and are to be performed at my own risk. I understand that the services I provide to PW are not within the scope of any employment relationship between PW and myself, and I understand that I will not be covered by any PW worker's compensation program should I be injured. I understand that my status as a volunteer is not assignable to or intended to support any group for any reason except PW.

____ Initials

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9. I authorize PW to seek emergency medical treatment for me in case of accident, injury or illness. I understand and acknowledge that it is my responsibility not to exceed any guidelines that my physician or other healthcare provider has established or may establish for me. It is solely my responsibility to determine what my physical limitations are or may be, and I will disclose these limitations on my volunteer application.
10. I warrant that as of the date of this signing that I currently have sufficient health, disability and life insurance as determined by me or my advisors to cover me. Moreover, I fully assume any and all risk for any lapse in or insufficiency of coverage in said health, disability and life insurance in the event of my injury, disability, damage or death resulting from the use of the facilities.
11. If I fail to abide by the terms of this Agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by PW from time to time, I understand that I will be terminated from the program. I also understand that I may at any time be removed from my position as a volunteer at the sole discretion of the Volunteer Coordinator or other PW Managers.
12. Tetanus Information: I understand that because I may handle animals, it is important to discuss the tetanus vaccine with my physician. I release PW from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk.
13. Photo/video release: I irrevocably grant to PW, its assigns and successors, my consent and full right to: use my name, photograph, likeness, image, voice and biography in any and all media, publications, advertising and publicity in connection with my participation hereunder.
14. I state that I am of lawful age and legally competent to sign this Agreement and Release of Liability.
15. I certify that the information provided here is accurate and complete. I authorize reference and employment verification as necessary for specific positions.

Volunteer Signature

Date

Initials

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updated June 2016

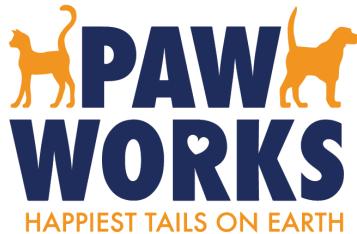
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Volunteer Application Information:

Name: _____ **Date:** _____

Age: _____ **Drivers License #** _____

Address: _____

Phone #: _____

Email address:

Organization Name:

Availability hours:

Mon: _____ **Tues:** _____ **Wed:** _____ **Thurs:** _____

Fri: _____ **Sat:** _____ **Sun:** _____

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