



VOLUNTEER APPLICATION and RELEASE FORM

The CPC is an independent, nonprofit animal organization. The information provided to us by completing this Volunteer Application and Release Form will enable us to direct you towards an appropriate, rewarding volunteer experience. Please complete, sign and date the Application and Release Form and call to make an appointment to drop it off. Thank you!

Name: _____ Date of Application: _____

Address: _____ Home Telephone: _____

Cellular Telephone: _____ Work Telephone: _____

Date of Birth: (Month/Day): _____ Are you 18 or older? Yes ____ No ____

E-mail Address: _____

Emergency Contact:
Name: _____ Relationship: _____ Telephone: _____

Are you currently attending school: Yes ____ No ____

If yes, what school, grade and class? _____

Employment: Are you presently employed? Yes ____ No ____

If yes, what is the nature of your work or job duties? _____

If yes, state your work hours: _____

Please indicate previous encounters with the CPC:

- Adopted an animal
- Attended a special event
- Made a financial contribution
- Facebook
- Website
- Other _____

How did you hear about us? Please check your response(s).

- Animal Control
- Another organization
- Another volunteer
- Contacted the organization yourself
- Other _____
- Friend, relative, coworker
- School: teacher or fellow student
- Donor
- Website

Please check the volunteer opportunities in which you would like to participate:

- Low Cost Spay/Neuter Transport
- Events
- Foster Program
- Grant Writing and/or Other Writing
- Office Work
- Pet Food Pantry

How many hours a week are you available to volunteer? _____

What are your goals in volunteering? _____

Describe present and previous volunteer jobs: _____

Special skills, training, interests, or hobbies that you would like to share with us: _____

Do you have any companion animals at home? Yes ____ No ____ If "Yes," how many and what kind?

Are they spayed or neutered? Yes ____ No ____ If "No," do you plan to breed them? _____

What veterinarian do you use? (Please provide contact information)

Did a current CPC volunteer recommend you to volunteer? Yes ____ No ____
If yes, please list his/her name so we may thank them: _____

Many times, we need help picking up food donations. Please answer the following questions. Keep in mind your responses will be held in strictest confidence.

Do you have a valid North Carolina driver's license? Yes ____ No ____

Do you have your own transportation? Yes ____ No ____

If yes, would you be willing to pick up food donations as part of your volunteer work? Yes ____ No ____

Have you ever been found guilty to a traffic violation? Yes ____ No ____

Please provide two non-related personal references and contact information.

I give my permission to the CPC to verify the above information. I understand that this application does not guarantee acceptance into our volunteer program.

Volunteer Signature/Date _____ Parent/Guardian/Date _____

COMMUNITY PET CENTER VOLUNTEER RELEASE (18 years or older)

Please read the following statement, sign and date below:
I, hereby agree to accept a position as a volunteer worker for the Community Pet Center (herein after referred to as the "CPC"), and in doing so, I agree to comply with all of the current and future rules and regulations which may be established from time to time by the CPC, and I understand that failure to do so may result in my immediate termination as a volunteer.
I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of the CPC. All services will be performed at my own risk.
I recognize that in performing volunteer tasks there exists a risk of injury. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify and hold harmless the CPC, it's

agents, servants, and employees from any and all claims, causes of action, or demands of any nature or cause, including costs and attorney's fee incurred by the CPC in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for the CPC, including but not limited to accidents, or injuries.

I acknowledge I have read and accept these conditions.

Volunteer Signature Date

Emergency Contact:
Name: _____ Relationship: _____ Telephone: _____

COMMUNITY PET CENTER VOLUNTEER RELEASE (17 years and under)

Please read the following statement, sign and date below:

I, being the parent or legal guardian, hereby give my consent to allow my (son, daughter, or ward) to perform volunteer services for the Community Pet Center (herein after referred to as the "CPC"). I fully understand and acknowledge that his/her services are to be performed subject to all the rules and regulations or the CPC, that violations thereof shall be cause for immediate dismissal from all volunteer services and opportunities, and that all services performed by my (son, daughter, or ward) are strictly voluntary, without pay or compensation of any kind and without liability of any nature on behalf of the CPC. I recognize that in performing volunteer tasks there exists a risk of injury and that all services performed by my (son, daughter, or ward) are performed at his/her own risk. If a CPC volunteer requests that I stay with my (son, daughter, or ward), I will gladly do so. I realize I will then be asked to complete a Volunteer Application and Release Form for myself and will be subject to the conditions stated therein.

On behalf of myself, my (son, daughter, or ward), my heirs, my personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the CPC, it's agents, servants, and employees from any and all claims, causes of action, or demands of any nature or cause, including costs and attorney's fees incurred by the CPC in connection with the same, based on damages or injuries which may be incurred or sustained by him/her in any way connected with his/her services for the CPC, including but not limited to accidents, or injuries. Please enter parent/guardian name, minor name and date below to acknowledge you have read and accept these conditions.

I acknowledge I have read and accept these conditions.

Parent Signature/Date Minor Signature/Date

Emergency Contact:
Name: _____ Relationship: _____ Telephone: _____

Please complete this application, sign and date and call to make an appointment to drop it off.

FOLLOWING TO BE COMPLETED BY COMMUNITY PET CENTER

Volunteer Application Received _____ Date: _____

Application Completed in Full: Yes _____ No _____ Appropriate Release(s) Signed: Yes _____ No _____

Items Needed: _____

Application Status: Approved _____ Denied _____

CPC Signature: _____ Date: _____