



P.O. Box 60524
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care4paws.org

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with C.A.R.E.4Paws! A nonprofit 501(c)3 organization, C.A.R.E.4Paws works to reduce pet overpopulation, keep animals out of shelters and improve quality of life for pets and pet owners in need.

First Name: _____ Last Name: _____

Address: _____ City _____

Zip _____ Email: _____

Phone # _____ Occupation: _____ Full Time Part Time

Please indicate if you are able to communicate fluently in: Spanish Other _____

Which C.A.R.E.4Paws Program(s) and/or events are you interested in? (Check all that apply.)

—The Mobile Clinic: Spays/Neuters, Community Medicine and Pet Wellness Days

—Paws Up For Pets early educational outreach

—Community Outreach

—Companion Pet Assistance (delivery of pet food and supplies)

—Wags n' Whiskers Festival

—Happy Tails Celebration and similar fundraisers

What days and how many hours would you have available to volunteer: _____

Do you have any disabilities or limitations that would affect your mobility, communication, or ability to perform certain tasks? Yes No If Yes, please describe:

Do you have medical insurance? Yes No

Please provide any additional information that could affect your volunteer role.

Emergency contact _____ Relationship _____

Phone # _____

C.A.R.E.4Paws' Volunteer Agreement and Release of Liability

I acknowledge that my services to C.A.R.E.4Paws with the Volunteer Program will be voluntary and I understand that I will be a volunteer and not an employee for Worker's Compensation claims as provided in Section 3353 of the California Labor Code, or any other reason. I acknowledge that I will not be able to assert a claim for Worker's Compensation benefits should I suffer an injury during the performance of my volunteer/community service duties. I agree to assume all risks connected with my volunteer/community services. I further agree to release C.A.R.E.4Paws, its director(s), associate director(s), employees, volunteers or persons related to director from any and all liability, claim, demand or cause of action or litigation arising out of personal injury, illness, death or property damage that I may suffer while performing volunteer/community service work.

Initial

I further agree that I will not name, or have named, any of the parties mentioned above as defendants or cross-defendants in any litigation arising out of my volunteer/community service work. I further agree that I will save and hold harmless these parties from any other claims, demands and causes of action or litigation arising out of said services including but not limited to actual damages, general damages, punitive damages, attorney fees and cost suit.

Initial

By volunteering with C.A.R.E.4Paws, volunteers agree that they will not disclose or use any of C.A.R.E.4Paws confidential information, either during or after their time volunteering. C.A.R.E.4Paws sincerely hopes that its relationship with its volunteers will be long-term and mutually rewarding.

Initial

I authorize C.A.R.E.4Paws staff to seek appropriate emergency medical treatment in case of an accident, injury or illness.

Initial

I agree to abide by the policies and procedures presented to me by representatives of C.A.R.E.4Paws and agree to be supervised by them. I understand that failure to do so may eliminate my eligibility to volunteer under this program.

Initial

I understand that C.A.R.E.4Paws is a nonprofit group without a political agenda. It's the founders' vision and mission to always keep the welfare of animals in mind, first and foremost. It is C.A.R.E.4Paws' goal to work with all members and groups of our community regardless of their opinions and/or political affiliations.

Initial

Date: ____ / ____ / ____

Volunteer Name: _____

Signature (required): _____

E-mail (required): _____

Phone (required): _____

Parent Signature: _____

***Required if volunteer is a minor*

**In signing this form, I acknowledge that I have read, fully understand, and agree to the
aforementioned items. I agree to act within the Volunteer Program Policies and Procedures.**

**Refusal to sign this release will resort in my exclusion from participating in the Volunteer Program at
C.A.R.E.4Paws.**

TO SUBMIT: Please send to volunteer@care4paws.org.

(It's ok to take photos of the application with your phone and send to us.)