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**VOLUNTEER**

**PERMISSION AND RELEASE FORM**

**CARE** – compassionate animal rescue efforts

P O Box 72, Catoosa, OK 74015

PH: 918-280-8146

**Permission & Release Form for Volunteer(s)**

This form is to be filled out by each Volunteer

Please read and complete this form, sign it and return it to us.

**Please Print All Information!**

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

Describe experience with dogs and cats:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you presently own any dogs or cats?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why do you want to volunteer for CARE Rescue?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever volunteered for a rescue before?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission & Release of Liability**

Please Initial

\_\_\_\_\_\_ I agree to abide by the mission, rules, regulations,

policies and programs of CARE rescue

while I am a volunteer.

\_\_\_\_\_\_ I assume the risks of being bitten, scratched,

injured or frightened by cats, kittens, dogs and puppies in

connection with my volunteer work for CARE rescue.

\_\_\_\_\_\_ CARE rescue is not liable for any injuries,

damages, liabilities, losses, judgments, costs or expenses

whatsoever, which my I might suffer or sustain in

connection with the performance of my volunteer activities for

CARE rescue.

\_\_\_\_\_\_ I hereby release and indemnify, defend and hold harmless CARE rescue, its directors, officers,

employees, agents, and volunteers and their heirs, successors,

assigns personal representatives from and against liability.

\_\_\_\_\_\_ I have accurately and truthfully completed this volunteer

application.

Volunteer Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**FOR OFFICE USE ONLY**

**Rescue Manager/Assistant Manager/ Volunteer Coordinator**

Sign Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

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Date