



YOUTH VOLUNTEER APPLICATION

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

CONTACT PHONE: _____ Can you accept text messages? _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT NAME, RELATIONSHIP TO YOU & CONTACT PHONE#: _____

What month/year were you born? _____

Please note that youth volunteers under 15 years of age must have parental supervision present while volunteering. Youth volunteers aged 15 – 17 years old may volunteer without parental supervision if parent allows.

ARE YOU VOLUNTEERING FOR A COMMUNITY SERVICE REQUIREMENT? YES NO

If "YES" is this for: SCHOOL COURT ORDERED OTHER _____

How many hours do you need and do you have a deadline to complete them? _____

How did you hear about Colony Cats?

PLEASE TELL US ABOUT YOUR SKILLS AND INTERESTS:

HOBBIES, INTERESTS, SKILLS: _____

PREVIOUS VOLUNTEER EXPERIENCE (organization, type of work performed): _____

Have you had any previous experience caring for animals or working with a humane group? _____

Why are you interested in volunteering for Colony Cats? _____

Do you have pets? _____ If yes, are they spayed or neutered? _____

AVAILABILITY:

What is your availability to volunteer?

MORNING AFTERNOON EVENING
 WEEKDAYS WEEKENDS FLEXIBLE

Do you wish to volunteer weekly, monthly, or on an occasional basis? _____

YOUR SIGNATURE: _____ DATE: _____

PARENT'S SIGNATURE: _____ DATE: _____
(Parent's signature required for applicants under the age of 18 years old.)

By typing our names above, we understand and agree that this form of electronic signature has the same legal force and effect as a manual signature.

ANY COMMENTS YOU'D LIKE TO SHARE WITH US?

Return completed Volunteer Application and Volunteer Release and Waiver to:
colonycats.volunteers@gmail.com *or Colony Cats, P.O. Box 163904, Columbus, OH 43216-3904*

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Volunteer Release and Waiver

I understand and agree that as a volunteer for Colony Cats, I assume all risks of loss or injury, including death to myself or damage to my property while on the property of Colony Cats and elsewhere, while participating in the volunteer program.

I understand and agree that all services performed by me will be performed on a strictly voluntary basis, and that I will receive no remuneration, pay or compensation of any kind.

I understand and agree that I will not be an employee of Colony Cats and will not receive any benefits normally available to employees. I understand and agree that Colony Cats shall incur no liability of any nature as result of my volunteering for Colony Cats.

I understand that in handling animals and performing other volunteer tasks there is a risk of injury, including physical harm or death, and that all services performed by me will be done at my own risk. I understand Colony Cats strongly recommends that I keep current my tetanus immunization. I further understand that Colony Cats recommends that any dogs and cats that I live with should be immunized by my veterinarian, if not already done so.

Therefore, on behalf of myself, my heirs and personal representatives, I hereby release, discharge and indemnify and hold harmless Colony Cats and its assigns, successors, agents, staff, officers, board of directors, employees, contractors and representatives from any and all claims, causes of action or demands of any nature of cause whatsoever, including costs and legal fees arising out of, or relating to, my volunteering with Colony Cats, including, but not limited to, animal bites, disease, accidents, property damage, or injuries.

Print _____
Name: _____

Signature: _____

Parent's
Signature: _____

**By typing our names above, we understand and agree that this form of electronic signature
has the same legal force and effect as a manual signature.**

DATE: _____