



Noah's Ark Animal Foundation

Kindness and Loving Care for Animals

VOLUNTEER APPLICATION

Date of Orientation _____

Are you 18 or older? Yes No

NAME:	
EMAIL:	
PHONE:	

Animal Experience:

- Veterinary Hospital Pet Grooming Farm Animals
 Animal Breeding Pet Sitting/Walking Boarding Kennel
 Obedience Training Other _____

Have you ever volunteered at another animal shelter? Yes No

If so, where? _____

Volunteer Work Preferences:

- Shelter Pet Transport Dog Walking
 Clerical/Office Cat Cuddling Special Events
 Computer/Website Foster Care Special Events (offsite)

When are you available to volunteer?

- Weekdays Weekends
 Mornings Afternoons

In Case Of Emergency, Contact _____ Phone: _____

Allergies or Limitations _____



Noah's Ark Animal Foundation

P O Box 748 Fairfield, IA 52556 641-472-6080 www.noahsark.org

RELEASE

1. I understand that I may be handling animals while providing my volunteer services for the Noah's Ark Animal Foundation, Fairfield, Iowa, (Noah's Ark) and their participating rescue partners and therefore there exists a risk for personal injury. On behalf of myself, my heirs, personal representatives, and executor, I release, discharge, indemnify and hold harmless its agents, servants and employees from any and all claims, causes of action or demands of any nature or cause connected with my volunteer contract. This could include any costs, attorney's fees and court costs incurred by Noah's Ark in connection with my volunteer services based on damages or injuries that I may incur in any way while volunteering. Such damages are not limited to but may include animal bites, accidents, injuries and personal property damage.
2. I agree to release, discharge, indemnify and hold Noah's Ark harmless for any and all damage to my personal property while providing my services on a voluntary basis to Noah's Ark, its agents, servants and employees.
3. I understand that public relations are an important aspect of volunteer work at Noah's Ark. I, therefore, agree on behalf of myself, my heirs, personal representatives, and executors to allow Noah's Ark and its agents to use any photographs, video or film taken of me for use in public relations efforts. Noah's Ark will use all reasonable efforts to notify me but notification is not required for the photographs, video or film to be used for public relations purposes.

I (Print Name) _____ HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THIS VOLUNTEER AGREEMENT AND I WILLINGLY COMPLY WITH ALL OF ITS CONDITIONS.

Date Volunteer Signature (Noah's Ark) Representative Signature

Telephone email address Address

PARENT OR LEGAL GUARDIAN RELEASE (Volunteers 18 or younger)

As the parent or legal guardian of the above volunteer, I give my full consent to allow my child or ward to volunteer services for Noah's Ark and its agents as described in the above volunteer contract. I have read and fully understand the terms and conditions in this volunteer contract. On behalf of myself and my child or ward, I agree to all the terms and conditions outlined in this volunteer contract.

Date Parent or Guardian Signature (Noah's Ark) Representative Signature