



FUREVER SERVING, INC. (FS)
(267) 992-7496
VOLUNTEER AGREEMENT

Date: _____

Name: _____ Preferred Name/Nickname: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell #: _____ Home #: _____

Email: _____

Date of Birth (Mo/Day): _____ Valid Driver's License #: _____

Days / Hours Available to Volunteer:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday - CLOSED

*Health Insurance Coverage Provider Name _____

Have you ever been investigated for animal cruelty for any reason? _____

If yes, describe the circumstances:

Have you ever been convicted of any criminal offense, including any major moving traffic violations? _____

If yes, please explain:

Have you worked/volunteered with a humane society, rescue/shelter, or an animal care facility? _____

If yes, please list organization(s) _____

Are you still involved with organization(s) listed above? _____

Please list any gifts, skills, talents, education, or knowledge you can share with FS and areas of interest to serve below (e.g., animal care, training, handling, etc.):

Gifts, Skills, Talents, Education, Knowledge Continued:

As a volunteer, I agree to adhere to the procedures and policies explained or given to me by Furever Serving, Inc. (FS) _____(initials)

I understand that the behavior of domestic animals is at times unpredictable, and that some domestic animals are capable of inflicting property damage, serious personal injury, and even death. I am well aware of the risks of handling domestic animals, and with such understanding, I hereby waive, release, and forever discharge Furever Serving, Inc. (FS), its employees, volunteers, agents, or trainers, from any and all claims (whether present or future) arising out of my participation in the volunteer program.
_____ (initial)

If over 18 years of age and will be working directly with minors, Furever Serving will require a criminal background and child abuse check. This information will be sent by email from Furever Serving, Inc. (FS) administrative manager for your completion. Once you receive the completed clearance forms, the clearances must be emailed to Furever Serving – fureverserving@gmail.com for FS records.

I certify that as of the date above, I am over eighteen (18) years of age. _____ (initials)

***Guardian/Parent Signature Required for all Volunteers under 18 Years Old**

If under sixteen (16), I certify that my *guardian/parent will be with me at all times while I am volunteering for Furever Serving, Inc. (FS) _____ (initial)

***Guardian/Parent**

Name: _____

Address: _____

City: _____ State _____ Zip Code: _____

Cell #: _____ Home #: _____

Email Address: _____

Guardian's Signature: _____

(Signature of Guardian confirms agreement and full understanding of information listed above)

Medical Release: In case of emergency, I authorize Furever Serving, Inc. (FS) to arrange emergency medical treatment after attempting to notify the contacts listed below.

Name **Phone**
1. _____
Relationship to Volunteer _____

Name **Phone**
2. _____
Relationship to Volunteer _____

Volunteer Signature: _____
(Signature of Volunteer confirms agreement and full understanding of information listed above)