



Helen Woodward Animal Center Volunteer Release

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone : (____) _____ Cell: (____) _____

Please describe the program or event in which you wish to participate: _____

Emergency Contact Name: _____ Phone: (____) _____

- Whenever I, participate(s) in the Center’s activities, I hereby release, and agree to indemnify, defend and hold harmless the Center, its directors, employees, and volunteers, and its and their heirs, successors, assigns, and personal representatives, from and against liability for any injuries, damages, liabilities, losses, judgments, cost or expenses whatsoever (the “Losses”), which I might suffer or sustain.
- Tetanus Information: I understand that because I may handle animals, it is important to discuss the tetanus vaccine with my physician. I release Helen Woodward Animal Center from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.
- I acknowledge that there are risks that I could be bitten, scratched, injured or frightened by the animals and we/I assume such risks.
- In the event of an emergency, I hereby give Helen Woodward Animal Center permission to seek medical attention for myself.
- I give permission for Helen Woodward Animal Center to use my photograph for use in any Center publication, educational, or advertising purposes the Center may designate.
- I acknowledge that I, as a volunteer of Helen Woodward Animal Center, do not have permission to take photographs or video of any privately owned animals at the Center.
- I acknowledge and understand that as a volunteer of Helen Woodward Animal Center, I am not covered by Helen Woodward Animal Center’s workers compensation or any other insurance policy for any damages or injuries I may sustain during my volunteer activities.
- I understand that participating in Helen Woodward Animal Center’s activities involves the risk of injury to [me] [or] [to my child under 18 years of age], whether [I] [or] [my child under 18 years of age] or someone else causes it. Specific risks vary from one activity to another, and the risks range from minor injuries to major injuries, including catastrophic injuries. In consideration of [my] [or] [my child under 18 years of age] participation in the activities offered by Helen Woodward Animal Center, I, for [myself] [or] [on behalf of my child under 18 years of age] understand and voluntarily accept the risks and agree that Helen Woodward Animal Center, its officers, directors, employees, volunteers, agents and independent contractors, will not be liable for any injury, including without limitation, any personal, bodily or mental injury, any economic loss or any damage to [me] [or] [my child under 18 years of age] resulting from any negligence of Helen Woodward Animal Center or anyone acting on Helen Woodward Animal Center’s behalf.
By signing below, I acknowledge and agree that I have read the statement above, understand the nature of the activities and risks, and agree to the terms.

Volunteer Signature, or if under 18 years, Parent or Guardian Signature

Date

Considering that many of the positions at HWAC require dealing with animals, serving the public, working outdoors, and lifting up to 50 lbs., are you able to perform the essential functions of the position for which they are applying, either with or without reasonable accommodations?

Yes No If no, describe the functions that cannot be performed and what accommodations are required:

- Please list any medical problems, allergies or other issues we should be aware of to insure a safe volunteer environment:

- Have you ever been convicted of a criminal offense? Yes No If yes, please explain. Applicant may omit any convictions for the possession of marijuana that are more than two(2) years old, and any information concerning a referral to, and participation in, any pretrial or post trial diversion program:

(Note: no applicant will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, date, circumstances and relevance to the position applied for may, however, be considered.)

I have read, understand and agree to the above information. I certify that the information provided here is accurate and complete. I authorize reference and employment verification and background checks as necessary for specific positions.

Volunteer Signature, or if under 18 years, Parent or Guardian Signature

Date

All adult and junior volunteers: Please sign and return before starting volunteer activities.

Mail or fax to: Megan McCarty, Manager of Volunteer Services, HWAC, PO Box 64, Rancho Santa Fe, CA 92067
Phone 858-756-4117 x 305 Fax: 858-756-0605

[event release 12-15]