



P.O. Box 51083 • Pacific Grove, CA 93950  
Phone 831 333 0722 • Fax 831 333 1956  
Website [www.AnimalFriendsRescue.org](http://www.AnimalFriendsRescue.org)  
Email [info@AnimalFriendsRescue.org](mailto:info@AnimalFriendsRescue.org)

## Youth Volunteer Application

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of emergency notify \_\_\_\_\_  
home phone \_\_\_\_\_ work phone \_\_\_\_\_

If currently employed, \_\_\_\_\_  
name of employer \_\_\_\_\_ occupation \_\_\_\_\_

If currently in school, \_\_\_\_\_  
name of school \_\_\_\_\_ grade/level \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Why are you interested in volunteering for Animal Friends? \_\_\_\_\_

Please describe any previous volunteer or work experience with animals \_\_\_\_\_

Please describe any previous volunteer experience (other than those mentioned above) \_\_\_\_\_

Please describe any special interests, skills, training or hobbies that might benefit Animal Friends \_\_\_\_\_

Do you currently have any companion animals? If yes, what types? Are they spayed or neutered? \_\_\_\_\_

If your animals are not spayed or neutered, please explain \_\_\_\_\_

(It is AFRP policy that all volunteers have their cats and dogs altered.)

OFFICE USE ONLY AFRP Rep Initials: \_\_\_\_\_  AFRP Intro  Cat Foster Care  Dog Foster Care  Adoption Counselor Date: \_\_\_\_\_



Availability: Weekdays \_\_\_\_\_ Hours \_\_\_\_\_

Weekends \_\_\_\_\_ Hours \_\_\_\_\_

What types of volunteer work are you interested in? (check one or more)

**Foster Care:** (In order to foster, parents must attend AFRP training and complete volunteer application.) Provide temporary shelter, care and love for adoption animals. Some need a few nights' stay until they get adopted, others need a home until they reach an adoptable age or recover from trauma.

**Office Work**  
Help AFRP staff with data entry and filing. Must be available weekdays between 9 AM and 5 PM. Must be able to commit to at least two shifts per month. (2 hours)

**Adoption Counselor:**  
Facilitate adoptions for cats and/or dogs at AFRP's Adoption Center in Pacific Grove (open Tues-Sat, 12-5pm), PetsMart in Santa Cruz (evenings and weekends), or at offsite adoption events. Must be able to commit to two weekday shifts per month (2-3 hours) or one Saturday shift per month (3-4 hours).

**Cat Care**  
Assist in caring for kitties at our adoption center in Pacific Grove or at one of our adoption sites in Pacific Grove, Salinas or Santa Cruz. Clean kitty condos, wash dishes and litter pans, feed and water kitties, provide clean beds and toys, make sure kitties are comfortable and happy. Must be able to commit to at least one shift per week. (2-3 hours).

**Benefit Shop Volunteer**  
Work at our benefit shop located on 17th Street in Pacific Grove sorting, organizing, pricing and selling. The shop is open Monday through Saturday 10-6. Must be able to commit to at least 4 hours per month.

**If you have any special skills or experience that might be helpful to AFRP, please describe below:**

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I confirm that all information supplied on this application is true and correct, and acknowledge that my services will be performed at my own risk. I agree to follow directions and practice safe animal handling. I also acknowledge that Animal Friends Rescue Project retains the right to terminate my volunteer involvement at any future date, should it be deemed necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## **RELEASE AND HOLD HARMLESS AGREEMENT**

In consideration of the services of Animal Friends Rescue Project (AFRP), its employees, directors, agents, officers, volunteers, participants, and all other persons or entities acting in any capacity on their behalf and for other good and valuable consideration, I hereby agree to release and discharge them from liability arising from negligence, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that animal rescue operations entail known and unanticipated risks, which could result in physical or emotional injury, paralysis, death to myself and other persons, and also property damage. Risks include, among other things: bites, scratches, torn skin, bruises, and damaged clothing or other property. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity or as a result of contact with or adoption of an animal. My child's participation in this activity is purely voluntary and I elect to permit such participation in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Animal Friends Rescue Project from any and all claims, demands, or causes of action which are in any way connected with my child's participation in this activity, my child's use of their equipment or facilities, my adopting an animal, or my child's volunteering at this animal rescue operation, arising from negligence. This release does not apply to claims arising from gross negligence or intentional conduct. Should Animal Friends Rescue Project or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage my child and/or I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself and my child.
5. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.
6. I understand that public relations is an important part of volunteering at Animal Friends. On behalf of my child, I allow Animal Friends to use any photographs taken of my child for use in public relations efforts. Also, all photographs that I submit to AFRP will remain the property of the photographer. AFRP will have the rights to use these photographs for marketing materials or in any other ways that AFRP sees fit.

By signing this document, I agree that if anyone is hurt or property is damaged during my child's participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence from which I have released them herein.

I have had sufficient time to read this entire document, understand its contents, and I agree to be bound by its terms.

I understand all the terms and conditions of this volunteer agreement. By signing this agreement, I acknowledge and understand current medical care provided and accept fully all future responsibilities and costs for the care and well-being of this volunteer.

Parent/legal guardian name: \_\_\_\_\_ Child name \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Parent/legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_