



L.I.F.E HOUSE VOLUNTEER APPLICATION

Date: _____

Name: _____

Address: _____

Please check your preferred method of contact:

___ Home phone: _____ Work phone: _____

___ Cell phone: _____ Email: _____

Emergency Contact

Name: _____ Phone number: _____

Pets that you currently have at home: ___ Dogs ___ Cats ___ Other: _____

I am interested in the following activities:

- | | | |
|---------------------|------------------------|--------------------------|
| ___ Cat Care | ___ Arts & Crafts | ___ Housekeeping |
| ___ Cat Socializing | ___ Data Entry | ___ Facility Maintenance |
| ___ Dog Care | ___ Bookkeeping | ___ Yard Maintenance |
| ___ Dog Walking | ___ Receptionist | ___ Landscaping |
| ___ Grooming | ___ Public Relations | ___ Photographer |
| ___ Special Events | ___ Adoption Promotion | ___ Clerical |
| ___ Fundraising | ___ Mailings | ___ Grant Writing |
| ___ Other: _____ | | |

Cat and Dog Care

There are three shifts available for those interested in providing daily care for our cats and dogs. If interested in a regular weekly shift, please indicate your availability.

On which day(s) are you available on a weekly basis _____ ?

- ___ Morning (arrival 7:30 to 8:30 am)
___ Afternoon (arrival 1:30 to 2:30 pm)
___ Evening (arrival 6:30 to 7:30 pm)
___ Interested in being a substitute for shift care

ALL INFORMATION IS CONFIDENTIAL AND STRICTLY USED FOR OUR VOLUNTEER FILES

L.I.F.E. House for Animals Volunteer Agreement

I agree to accept and adhere to all policies of L.I.F.E. House for Animals.

I will accept the guidance and decisions of the Executive Director and other identified leaders.

I will be present for my scheduled dog and/or cat care shifts (if applicable) and carry out those duties promptly and responsibly. If I am unable to fulfill my shift commitment, then I will contact one of the identified leaders to make arrangements for a substitute caregiver.

When participating in public and community events, I will maintain the dignity and integrity of L.I.F.E House for Animals and will uphold a high level of confidentiality when necessary.

I will accept constructive feedback and notify L.I.F.E House regarding any plans of extended leave or resignation.

I, the undersigned, have read the Volunteer Agreement, and will abide by these guidelines, as well as any additional policies of L.I.F.E. House for Animals.

Volunteer Signature: _____

Printed Name: _____

Date: _____

Parent/Legal Guardian
(if younger than 18 years of age): _____

Volunteer Coordinator/Date: _____

Please Submit:

By email: volunteer@lifehouse4animals.org

By U.S. mail: L.I.F.E. House for Animals, Attn: Volunteer Coordinator, 14 Fido Ct., Frankfort KY 40601

**L.I.F.E House for Animals
Volunteer Waiver and Release Form**

I, _____, the undersigned, agree to release, discharge, indemnify, and hold harmless the L.I.F.E House for Animals, a non-profit Kentucky Corporation with its principal place of business being located in Frankfort, Kentucky, its officers, director, and employees for any and all claims, demands, losses, costs, liabilities, settlement agreements, damages, expenses, and suits of law or inequity that arise out of my voluntarily performing services for the L.I.F.E House for Animals.

I recognize that in handling animals while performing services for the L.I.F.E House for Animals, there exists a risk of injury including, but not limited to, personal physical harm. On behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors, I hereby release, discharge, indemnify, and hold harmless the L.I.F.E. House for Animals, its officers, director, and employees for any and all claims, demands, losses costs, liabilities, settlement agreements, damages, expenses connected with my services to L.I.F.E House for Animals whether caused directly or indirectly by any negligence (active or passive) attributable to the L.I.F.E. House for Animals, its officers, directors, or employees.

I acknowledge that I have been advised and encouraged to consult with my physician regarding: tetanus vaccinations, rabies prophylaxis, and possible allergic reactions.

I acknowledge that I have read and fully understand the terms and conditions of this Waiver and Release, which I agree, and will comply with same.

Volunteer Signature/Date: _____

Volunteer Name (Print): _____

Parent/Legal Guardian Signature/Date
(if younger than 18 years of age): _____

Volunteer Coordinator Signature/Date: _____

Please Submit:

By email: volunteer@lifehouse4animals.org

By U.S. mail: L.I.F.E. House for Animals, Attn: Volunteer Coordinator, 14 Fido Ct., Frankfort KY 40601