

Volunteer Information Form

Instructions for use: Fill in and either hand back in at the shelter or mail to the address at right.



Mail to:
Have A Heart Pet Shelter
 4291 HWY 62E, Flippin, Ar.
 (across from Ozarks Realty)
 Phone: (870) 449-PETS (7387)
 Like us on Facebook

My Personal Contact Information

<i>The information on this form will be kept strictly confidential and locked in a filing cabinet.</i>			
My Name:		Street Address:	
Home Phone:		City:	
Work Phone:		State:	
Home Email:		Zip Code:	
Work Email:		Date of Birth:	
Best Way To Contact:		Today's Date:	

My Emergency Contact Information

<i>In case of an emergency, the Have A Heart Pet Shelter will act immediately to contact your preferences below:</i>			
Primary Contact:		Relationship:	
Phone Number:		Other Phone No.:	

Please note: Volunteers who work directly with shelter pets will be exposed to dog and cat dander; dog and cat hair; cleaning chemicals; pet foods with preservatives; bouncy animal activity; and other potential hazards. Some lifting and labor may occasionally be asked of volunteers.

How did you hear about us? (circle all that apply)	Facebook / Radio / TV / Friend / Spay-Neuter Clinic / Other
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My Volunteer Interests

Please check any/all boxes that apply.

<input type="checkbox"/> Walking dogs	<input type="checkbox"/> Baking for fundraisers	<input type="checkbox"/> Public relations
<input type="checkbox"/> Cat cuddling	<input type="checkbox"/> Clerical/office work	<input type="checkbox"/> Fostering animals
<input type="checkbox"/> Kennel aid	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Dog training
<input type="checkbox"/> Telephone calls	<input type="checkbox"/> Adoption screening and followup	<input type="checkbox"/> Off-site adoption days
<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Laundry	<input type="checkbox"/> Public education
<input type="checkbox"/> Yard maintenance	<input type="checkbox"/> Grooming	<input type="checkbox"/> Pet visits to nursing homes
<input type="checkbox"/> Vet runs	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Thrift Store

My Availability to Volunteer

	Day(s) Available (circle any/all that apply)						
Morning	MON	TUE	WED	THU	FRI	SAT	SUN
Mid-Day	MON	TUE	WED	THU	FRI	SAT	SUN
Afternoon	MON	TUE	WED	THU	FRI	SAT	SUN
Other Time (please specify):	_____						

**RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT**

IN CONSIDERATION for being permitted to participate in any event or activity in which I and/or my children are acting as a volunteer or foster (the "Activities") for Have A Heart Pet Shelter, an Arkansas Not-For-Profit Corporation ("Have A Heart"), I hereby agree and represent, on behalf of myself and my children, as follows:

1. The term "Releasees" when used herein, shall refer, individually and collectively, to Have A Heart, its affiliated entities, and its and their shareholders, officers, directors, employees, volunteers, representatives, agents, insurers, predecessors, successors and assigns, and any and all other persons or entities acting on behalf of any or all of the foregoing entities, or subject to their control.
2. I am at least 18 years of age. I know the nature of the Activities, and I fully understand that: (a) the Activities may be DANGEROUS and participation in the Activities involves RISKS AND DANGERS OF SERIOUS BODILY INJURY, UP TO AND INCLUDING PERMANENT DISABILITY AND DEATH ("Risks"); (b) these Risks and other dangers may be caused by my or my children's actions or inactions, the actions or inactions of others participating in the Activities, the equipment used by me or others engaged in the Activities, or the NEGLIGENCE OF ANY OR ALL OF THE RELEASEES named herein; (c) there may be other risks, in addition to those specifically set out herein, that are not known to me or that are not readily foreseeable at this time; and (d) any physical injuries, economic losses and/or damages that could result from the Activities could be severe and life-altering.
3. I represent that neither I nor my children have any medical or physical condition which could interfere with my or my children's safety in the Activities or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
4. I consent to participating in the Activities and hereby ACCEPT AND ASSUME ALL RISKS AND OTHER DANGERS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR ANY AND ALL LOSSES, COSTS AND DAMAGES IN THE EVENT OF ANY INJURY, LOSS, DAMAGE, DISABILITY, OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF ANY OR ALL OF THE RELEASEES NAMED HEREIN.
5. On behalf of myself and my minor children, our next of kin, heirs, administrators, executors and assigns, I hereby release, discharge and covenant not to sue Releasees FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON ACCOUNT OF ANY INJURY, including but not limited to, personal injury, death, or damage to property arising from or related to the Activities. This release, discharge, and covenant not to sue shall include ALL CLAIMS, DEMANDS, LOSSES, OR DAMAGES CAUSED OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE RELEASEES.
6. If, despite this release, I or any other person make a claim against any or all of the Releasees for any injury, loss or damage resulting, directly or indirectly, from an injury to me or my children that is alleged to occur, in whole or in part, from our participation in the Activities, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES, and each of them, from any expenses, attorney fees, loss, liability, damage, or cost Releasees may incur as a result, whether such claim is based on the negligence of the Releasees, or otherwise.
7. This Release shall be construed and interpreted in accordance with the substantive laws of the State of Arkansas, without regard to conflict of laws principles. The provisions herein are intended to be as broad and inclusive as permitted by the laws of the State of Arkansas and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND I UNDERSTAND THAT, BY SIGNING BELOW, I AM GIVING UP SUBSTANTIAL RIGHTS I WOULD OTHERWISE HAVE TO RECOVER DAMAGES FOR LOSSES OCCASIONED BY THE RELEASEES' FAULT OR NEGLIGENCE, AND ENTER IT VOLUNTARILY.

_____ Signature of Participant	_____ Printed Name of Participant	_____ Date
Names of Children (if applicable): _____ _____		