



FELINE FRIENDZ IN NEBRASKA VOLUNTEER APPLICATION & WAIVER

Submit form to: info@felinefriendz.org

Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ Zip Code: _____

Email address (if available): _____

Employer Name: _____ Work Phone _____

Emergency Contact: _____

Relationship: _____ Phone Number: _____

Emergency Contact (2nd): _____

Relationship: _____ Phone Number: _____

Birthday: _____ Age: _____

Education (select last year completed) High School 1 2 3 4 College: 1 2 3 4 Other: _____

Do you have a valid driver's license? Driver's License #: _____

Would you be willing to transport animals in your car as part of your volunteer work? Is your car covered by liability insurance?

Approximately how many hours per week can you volunteer? _____

What days of the week are good for you? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please explain your experience working with animals:

List any special talents or skills you have that would benefit Feline Friendz (e.g. office skills, computer skills, carpentry, plumbing, animal training, grooming) and how you would like to use these skills:

Signature of Volunteer: _____ Date: _____

Signature of Parent or Guardian (for volunteers 17 years and younger)

_____ Date: _____

Please note: Volunteers under the age of 16 must be accompanied by a parent at all times. You must attend a volunteer orientation before you can begin your volunteer work with Feline Friendz.



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I, the volunteer, _____ hereby agree to accept a position in a VOLUNTARY capacity as a VOLUNTEER for the FELINE FRIENDZ IN NEBRASKA FOUNDATION (hereinafter referred to a "FFiNE"). I understand that the term VOLUNTARY means that I render actions or services to FFiNE with charitable motives. I understand that VOLUNTEER means a person who freely chooses and renders services to FFiNE in a voluntary capacity.

1) **Waiver and Release.** I, the volunteer, release and forever discharge and hold harmless FFiNE and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work at FFiNE. I understand and acknowledge that this Agreement discharges FFiNE from any liability or claim I may have against FFiNE with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in my provision of volunteer services with FFiNE.

2) **Insurance.** I understand that FFiNE does not assume any responsibility or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance of any nature in the event of injury, illness, death, or property damage. I expressly waive any such claim for compensation or liability on the part of FFiNE beyond what may be offered freely by FFiNE in the event of such injury or medical expenses incurred by me.

3) **Medical Treatment.** I hereby release and forever discharge FFiNE from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical service rendered in connected with an emergency during my tenure as a volunteer with FFiNE.

4) **Assumption of Risk.** I understand that my tenure as a volunteer with FFiNE may include activities that may be hazardous to me including but not limited to, handling domestic animals, construction activities, and loading and unloading of heavy equipment and materials. Also, I recognize and understand that my tenure as a volunteer with FFiNE may, in some situations, involve inherently dangerous activities. As the volunteer, I hereby expressly assume the risk of injury or harm in these activities and release FFiNE from any and all liability for injury, illness, death, or property damage resulting from my tenure as a volunteer with FFiNE.

5) **Relationship with FFiNE.** I do hereby acknowledge that I do not have any employment relationship with FFiNE and that I do not expect to receive any offer of employment, entitlement, benefits, or compensation for my work as a volunteer with FFiNE.

6) **At Will Service.** I do hereby acknowledge that my service and work provided to FFiNE is performed of my own free-will and volition. As such, I may be asked, at any time and for any reason, to cease my activities with or without notice.

7) **Individual Responsibility.** I recognize that it is my personal responsibility to conduct myself within the confines of all applicable federal, state, and local laws during my tenure as a volunteer with FFiNE. In addition to this, I acknowledge and understand it is my responsibility to be familiar with and adhere to all relevant FFiNE policies, procedures, and other relevant documentation, including but not limited to, the FFiNE by-laws. Furthermore, I do hereby acknowledge and understand that it is my responsibility to immediately notify a designated agent of FFiNE (such as a staff member or volunteer Supervisor) if I am witness to or a participant in any activity during my tenure as a FFiNE volunteer that may jeopardize the safety and wellbeing of myself, animals and/or others, as well as the successful operation of FFiNE, including but not limited to any illegal or illicit activities, unsafe work procedures and conditions, abuse/neglect to the animals, etc. Also, I do recognize and understand that my acknowledgement of such instances and activities does not remove from me my responsibility related to such instances and activities as outlined herein.

8) **Photographic Release.** I do hereby grant and convey unto FFiNE all right, title and interest in any and all photographic images and video or audio recordings made by FFiNE during my tenure as a volunteer with FFiNE.

9) **Confidentiality.** I do hereby understand and acknowledge that during my tenure as a volunteer with FFiNE, I may have access to Confidential Information not generally known to the public concerning the business of FFiNE. I do hereby agree that



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during my tenure as a volunteer with FFiNE and all times thereafter, I will hold FFiNE Confidential Information in strict confidence, and will not disclose or use such information outside of the scope of my volunteer service with FFiNE, or without FFiNE's prior authorization. For purposes of this Agreement, "Confidential Information" includes, but is not limited to, information regarding projects and potential projects, organizational practices, donors and potential donors, sponsors, methodologies, management philosophy, and information concerning FFiNE's employees and volunteers. I further agree and understand that I will immediately return all FFiNE Confidential Information at the end of my tenure as a volunteer, or whenever requested by FFiNE.

10) **Other.** I do hereby expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska in the United States of America, and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Nebraska. I agree that in the event should any clause or provision of this Agreement be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be enforceable.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS OF THE FOREGOING VOLUNTEER WAIVER AND RELEASE AND THAT I WILL COMPLY WITH THE SAME.

Signature of Volunteer Date: _____

Signature of Feline Friendz Representative Date: _____

PARENT OR LEGAL GUARDIAN OF VOLUNTEERS 17 YEARS OLD AND YOUNGER:

As a parent or legal guardian of the above-named Volunteer, I hereby give my consent to allow my child/ward to volunteer services at Feline Friendz in Nebraska as described within this volunteer agreement. I have read this Volunteer Waiver and fully understand its terms and conditions. On behalf of myself and my child/ward, I agree to all terms and conditions as set out in this Volunteer Waiver, paying special attention to the Release section herein.

Signature of Parent or Guardian (for volunteers 17 years old and younger) Date: _____