



Mail: P.O. Box 94, Meadowlands, PA 15347  
Site: 390 Old Hickory Ridge Rd., Washington, PA 15301  
724-229-7053 | www.angelridgeanimalrescue.org

# Volunteer Application

Thank you for your interest in Angel Ridge Animal Rescue, Inc. (ARAR). ARAR is a non-profit Pennsylvania corporation, which operates a shelter and sanctuary for homeless animals. Volunteers with a variety of skills are needed. Please take the time to complete this Application and the short Agreement, and return it to the address above. After we review your information, one of our volunteers will contact you regarding your availability to volunteer, and the activities in which you have expressed interest or may enjoy doing. **Application and Agreement must be completed and returned prior to doing any volunteer work.**

**If you are requesting to foster an animal through ARAR, you will be considered a volunteer and must complete the Foster/Volunteer Application and Agreement.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Tel: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

If your spouse/partner/children will be volunteering with you, please indicate their name(s) and age(s).

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please list three references including your veterinarian if you are currently a pet owner.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

List your animal organization memberships and positions held.

\_\_\_\_\_  
\_\_\_\_\_

Do you presently own a dog or cat?  No  Yes If yes, please list. (Use reverse side if you have more than three pets.)

Cat  Dog Breed/Mix \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_\_ Obtained From \_\_\_\_\_  
 Cat  Dog Breed/Mix \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_\_ Obtained From \_\_\_\_\_  
 Cat  Dog Breed/Mix \_\_\_\_\_ Age \_\_\_\_ Sex \_\_\_\_\_ Obtained From \_\_\_\_\_

What types of volunteer work would you like to do? (Mark all that apply.)

Dog / Cat Grooming     Dog Walking\*     Offsite help     Cat Care / Socialization  
 Reading to Cats     Kennel Help     Adoption Help     Grass Cutting & Clean-up  
 Foster Sick Dogs / Cats     Fundraising     Special Events     Building / Remodeling  
 Transport     Website Help     Office/Newsletter Help     Other (please specify)

Have you had any experience in the areas you've checked? (Please describe)

\_\_\_\_\_

Please indicate below the days and times you are available for volunteering at the shelter. **Hours subject to change.**

Mornings:  Mon  Tues  Wed  Thur  Fri \_\_\_ 8:30 am - 11 am  Sat  Sun \_\_\_ 8:30 am – 12:00 pm

Afternoons:  Mon  Wed  Fri \_\_\_ 5:00 pm - 6:30 pm  Tues  Thur \_\_\_ 4:00 pm - 5:30 pm  
 Sat  Sun \_\_\_ 12:00 pm - 3:00 pm

Transports:  Tues \_\_\_ drop off at 7:00 am \_\_\_ pick up at 4:00 pm

**\* DOG WALKING: ARAR needs regularly scheduled, reliable volunteer dog walkers to keep the dogs house-broken, healthy, trained and calm. This critical need is for people experienced in handling strong, medium and large dogs. Appropriate strength for the size of the dog, balance, patience and a tolerance for varying weather conditions is required for this task.**

## Volunteer Agreement

In consideration of this opportunity to volunteer, I agree to the following terms and conditions, intending to be legally bound by them:

1. I will abide by the mission rules, regulations, policies and programs of ARAR while I am a volunteer.
2. If I stop being a volunteer for ARAR for any reason, or upon ARAR's request at any time, I will promptly return all of ARAR's supplies, equipment, records, moneys, and other items in good, clean condition. If I am fostering an animal through ARAR and, for whatever reason, I am asked to return the animal to ARAR, I agree to return the animal immediately to ARAR or any person designated by ARAR.
3. I assume the risks of being bitten, scratched, injured, or frightened by cats, kittens, dogs and puppies in connection with my volunteer work for ARAR. ARAR is not liable to me for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for ARAR. I will indemnify, defend and hold ARAR harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any companion animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for ARAR, or my breach of ARAR's rules, regulations, policies and programs.
4. I understand and agree that ARAR may refuse volunteer applications for any reason.
5. If I will be sheltering or providing foster care or boarding any of ARAR's animals in my home or business, I consent to ARAR visiting my home or business from time to time to observe the animals in their living quarters.
6. **As a Fosterer/Volunteer through ARAR I/we hereby forever release, discharge and covenant to indemnify and hold harmless ARAR, and any other person, organization, firm or corporation charged or chargeable with responsibility or liability for any and all claims, damages, costs, expenses, loss of services, actions and causes of action arising out of any act or occurrence related to volunteer activities with, or fostering an animal through ARAR. This Indemnification shall apply to the Fosterer/Volunteer, their heirs, administrators, executors, successors and assigns.**
7. In the event that, while fostering a dog or puppy through ARAR, I wish to adopt the dog or puppy, I agree to complete and submit the ARAR Adoption Agreement and further agree that I will have no ownership interest in the dog or puppy until such time as the Adoption Agreement is approved and accepted by ARAR.
8. I have accurately and truthfully completed this Volunteer Application and Agreement.
9. Any Modification to this Agreement must be in writing signed by both parties. This Agreement is binding upon ARAR, me and ARAR's and my respective heirs, successors, assigns, executors and personal representations.

### Applicant 1

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

### Applicant 2

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

If you are under 18 years of age, you must obtain a signature from your parent / guardian.

### Parent / Guardian

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_