



Animal Resource Foundation, Inc.

P.O. Box 396
61 Piney Narrows Road
Chester, MD 21619

Phone: 410-643-8700 ▪ Fax: 410-643-8626

Email: Deanna@arfusa.org ▪ Website: www.arfusa.org

🎀 Volunteer Application 🎀

Thank you for showing interest in volunteering for ARF! Without volunteers, we would never be able to provide the level of care in assisting the animals and the community. There are numerous opportunities in need of your energy and talents as outlined on our attached Volunteer Opportunity form.

Age Qualifications:

- **Adult Volunteers: 18+ years.** ▶ **FAMILIES (Parents + kids) WELCOME!**
- **Junior Volunteers: ages 8-18 years.**
- **All Junior Volunteers, ages 8-15 years, must be accompanied by a parent or guardian when volunteering at the ARF center or at an outside event.**

Personal Information:

Date: _____ **Adult 18+ years:** Yes No

Name: _____

Address: _____

City: _____ State/Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

If you are participating as a **Junior Volunteer** (ages 8-18 years), please provide your
Date of Birth (mm/dd/year): _____

Emergency Contact Information:

Name: _____ Location: _____

Relationship: _____ Contact Phone Number(s): _____

Animal Resource Foundation, Inc. reserves the right to decline any volunteer application for any reason. This may include, but is not limited to, any area in which there is a conflict of interest or in areas where the Foundation does not feel the applicant meets the specific needs or requirements. If you have any questions, please contact the ARF Volunteer Coordinator at 410-643-8700.

Animal Resource Foundation, Inc.

Skills and Experience:

1. Previous experience with volunteer, community, or nonprofit organizations: _____

2. Experience or skills you are willing to share with us: _____

3. Do you have any physical limitations or health restrictions of which we should be aware? Yes No
If yes, please explain: _____
4. Have you been convicted of a felony or an animal cruelty offense? Yes No
If yes, please explain: _____
5. Do you have any specific skills or training pertaining to the care of pets (i.e., obedience training, grooming, veterinarian, animal handling, etc.?) Yes No
If yes, please describe: _____
6. Please tell us why you would like to volunteer for ARF: _____

7. How did you hear about ARF's Volunteer Program? _____

Policy Review:

Animal Resource Foundation, Inc. (ARF) is dedicated to saving and improving the lives of animals. We make every effort possible to provide immediate medical attention to those pets in need that are taken into the ARF center. Rarely, an animal will not survive its injuries or illness and may be euthanized.

- Do you understand this policy? Yes No
- Do you have any questions or concerns regarding this policy? Yes No

If yes, please explain: _____

Animal Resource Foundation, Inc.

❧ Volunteer Release ❧

I, _____, hereby agree to accept a volunteer position with Animal Resource Foundation, Chester, MD 21619 (hereafter referred to as ARF) and in doing so I agree to comply with all the rules and regulations which may be established from time to time by ARF, and I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation of any kind and without any liability of any nature on behalf of ARF, all services to be performed by me are at my own risk.

I recognize that in handling animals and performing other volunteer tasks there exists a risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless ARF, its agents, servants, and employees from any and all claims, causes of action or demands, of any nature or cause including costs and attorney's fees incurred by ARF in connection with the same based on damages or injuries which may be incurred or sustained by me in any way connected with my services at ARF, including, but not limited to animal bites, accidents or injuries.

Signature of Volunteer (Parent/Guardian, if minor)

Date

Witness

Date

I, _____, understand that public relations are an important part of ARF. On behalf of myself, my heirs, personal representatives and executors, I agree to let ARF use any photos, films, videotapes or visual representations taken of me in my service for use in public relation efforts.

Signature of Volunteer (Parent/Guardian, if minor)

Date