



# CENTRAL ILLINOIS SMALL ANIMAL RESCUE

## Volunteer Application & Release of Liability

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_ Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

May we call you at work?  Yes  No      Are you age 18 or older?  Yes  No

E-mail address: \_\_\_\_\_ Do you check your e-mail every day?  Yes  No

Please list **in order** who we should contact in case of emergency:

1) Name: _____	Relationship: _____	Phone(s): _____
2) Name: _____	Relationship: _____	Phone(s): _____
3) Name: _____	Relationship: _____	Phone(s): _____

With which areas are you available to help?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Cleaning cages, stalls | <input type="checkbox"/> Home visits          | <input type="checkbox"/> Driving to vets |
| <input type="checkbox"/> Walking dogs           | <input type="checkbox"/> Transporting animals | <input type="checkbox"/> Grooming        |
| <input type="checkbox"/> Cat socialization      | <input type="checkbox"/> Foster care          | <input type="checkbox"/> Newsletter      |
| <input type="checkbox"/> Office help            | <input type="checkbox"/> Fundraising          | <input type="checkbox"/> ANY WAY NEEDED  |

What days and hours are you available to help?

Please tell us about your past and current pets:

<u>Species/Breed</u>	<u>Age</u>	<u>Spayed/ Neutered?</u>	<u>Indoor or outdoor?</u>	<u>What happened to animal?</u>
1)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	
2)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	
3)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	
4)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	
5)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In <input type="checkbox"/> Out	

If your current or previous pets are/were **not** spayed or neutered, please explain why.

Do you keep all of your pets...

Up to date on shots?  Yes  No      On flea prevention medication?  Yes  No  
 On heartworm prevention medication?  Yes  No      Licensed in your county?  Yes  No

Please provide us with the name, address, and phone number of your current/previous veterinarian:

**CHECK ONE:**  My vet **may** be used as a reference.       My vet **may not** be used as a reference.

On a scale of 1 to 5 where 1=no experience/knowledge and 5=extensive experience/knowledge, please rate your level of experience with/knowledge of each of the following types of animals:

	1	2	3	4	5
Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reptiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wild animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Birds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barnyard animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other→SPECIFY:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had any formal animal training?  Yes  No IF YES, please describe:

Do you have any special skills we may be able to utilize?  Yes  No IF YES, please describe:

### RELEASE OF LIABILITY

I, \_\_\_\_\_, understand that I am asking to be allowed to volunteer my time at the animal shelter known as **Central Illinois Small Animal Rescue**. I understand that I will be working with strange, wild, abused, and/or scared animals that are strangers to me and I to them. I fully understand that there are **many** risks involved in handling these animals.

I acknowledge that it has been explained to me that **any** animal has the potential to hurt, bite, scratch, maul, disfigure, and even kill a person.

Therefore, I, \_\_\_\_\_, do agree to assume all risk of injury or harm to myself or to my property and agree to release, indemnify, defend, and forever discharge Central Illinois Small Animal Rescue and its staff, employees, and agents of and from any liability, claims, demands, costs, expenses, actions, and causes of action (collectively, the "Claims") in respect to death, injury, loss, or damage to myself or my personal property, howsoever caused, arising or to arise by reason of my volunteering at Central Illinois Small Animal Rescue.

I further state that I have my own health insurance and am fully insured for any medical emergency that I may encounter while volunteering at this facility.

This consent form is valid through **July 1, 2007**. It may be revoked at any time before the expiration date with written notice to Central Illinois Small Animal Rescue.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE