

Fox Valley Animal Welfare League

Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Emergency Contact	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- Foster Program
- Fundraising Events
- Humane Education
- Puppy Love Program
- Serve on a Committee
- Socialize Cats
- Socialize Dogs

Special Skills or Previous Volunteer Experience

Summarize special skills and your previous volunteer experience.

Volunteer Release Form

I, _____, hereby agree to accept a position as a volunteer worker for the Fox Valley Animal Welfare League (FVAWL), and in so doing, I agree to comply with all of the policies, rules, and regulations which may be established from time to time by FVAWL. 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 any pay or compensation of any kind, and without any liability of any nature on behalf of FVAWL or the City of Aurora, Aurora Control and Care, all services to be performed by me 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 the FVAWL and City of Aurora, Animal Control and Care, 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 FVAWL 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 for FVAWL, including, but not limited to, animal bites, accidents, injuries, or personal property damage.

Name (printed)	
Signature	
Signature (parent/guardian if under 18 years of age)	
Date	

Public Relations Release Form

I, _____, understand that public relations are an important part of volunteering at FVAWL. On behalf of myself, my heirs, personal representatives, and executors, allow FVAWL to use any photographs taken of me in volunteer services for use in public relations efforts. FVAWL will use reasonable efforts to notify me, but such notification is not a condition of the photograph's release for public relation purposes

Name (printed)	
Signature	
Signature (parent/guardian if under 18 years of age)	
Date	

Tetanus Shot Vaccination Form

I, _____, state that my last tetanus shot was received within the last nine years. Alternately, I understand that failure to acquire and remain current on a Tetanus vaccination may jeopardize my volunteer opportunities and hereby agree to provide all current Tetanus vaccination records to the Fox Valley Animal Welfare League.

Name (printed)	
Signature	
Signature (parent/guardian if under 18 years of age)	
Date	

Thank you for completing this application form and for your interest in volunteering with us.