



Follow Your Heart Animal Rescue

A 501(c)(3) Nonprofit Charitable
Organization
Phone 480-807-0085

www.followyourheartanimalrescue.org | Email/PayPal: followyourheartfoundation@gmail.com

VOLUNTEER APPLICATION

Name: _____ Age (if under 18): _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Cell Phone: _____ *Facebook Name: _____

Y ___ N ___ I am able to lift and/or carry crates, tables, pens that may be heavy for short distances.

Y ___ N ___ I am willing to clean crates, pens, windows and floors that have been soiled by dogs.

Y ___ N ___ I am willing to walk dogs at the adoption events, after being given instruction by their foster or board member (this includes picking up after the dog).

Y ___ N ___ I am willing to check crates/pens on an ongoing basis for needs such as fresh water/blankets etc.

Y ___ N ___ I am willing to answer customer questions and to seek answers for questions that I do not know.

Y ___ N ___ I am willing to learn how to enter, copy /file paperwork as is asked of me.

Y ___ N ___ I am willing to keep a clean environment where I am working (laundry, windows, floors etc.)

Y ___ N ___ I will present myself in a professional manner at all times and in all settings.

Y ___ N ___ **I have been around a dog that has been diagnosed with parvo or distemper in the last three weeks.**

For Volunteers over 18

Y ___ N ___ I am willing to drive to shelters when necessary to pick up/assess dogs.

Y ___ N ___ I am willing to drive to a foster's home to pick up and return dogs.

Y ___ N ___ I am willing to drive to the boarding facilities and interact fully (walk, train, play) with FYH dogs.

Y ___ N ___ I am willing to take dogs to spay and neuter appointments and pick them up when done.

Y ___ N ___ I am willing to make follow up phone calls to adopters as necessary.

Y ___ N ___ I am willing to make follow up visits to adopters as necessary.

Y ___ N ___ I am willing to learn and help with administrative needs (adoptions, vaccines and record keeping)

Signature: _____

Printed Name: _____ Date: _____



Follow Your Heart Animal Rescue

A 501(c)(3) Nonprofit Charitable
Organization
Phone 480-807-0085

www.followyourheartanimalrescue.org | Email/PayPal: followyourheartfoundation@gmail.com

VOLUNTEER LIABILITY WAIVER

I _____ understand that all work performed with Follow Your Heart Animal Rescue (FYH) is voluntary and at my our own risk, and therefore, release FYH, Petsmart, Petsmart Charities and Petsmart Charities of Canada its director(s), affiliate(s) and representative(s) of any and all public liability, property damages and or medical costs incurred while I am providing volunteer services for FYH.

I do hereby on behalf of myself, heirs, administrators and assigns, irrevocably and unconditionally release and agree to hold harmless FYH, Petsmart, Petsmart Charities and Petsmart Charities of Canada, its director(s), affiliate(s) and representative(s) from any and all known or unknown, anticipated or unanticipated, suspected or unsuspected and/or fixed, conditional or contingent actions, causes of action, charges, suits, debts, expenses, including and without limitation, attorney's fees or damages, including but not limited to any medical costs, damages of property, person or other pet(s) of an kind, nature and description at law or in equity, in connection with or arising from my voluntary services performed with FYH, Petsmart, Petsmat Charities and Petsmart Charities of Canada.

By affixing my signature below, I acknowledge that I have read, understand and agree to **ALL** of the provisions set forth in this contract and I further agree too abide by all of its terms and provisions completely.

Signature: _____

Printed Name: _____ Date: _____

Signature of Parent if above is minor: _____

Printed Name: _____ Date: _____

Follow Your Heart Animal Rescue

Signature: _____ Date: _____

Printed Name: _____ Title: _____