



## Follow Your Heart Foundation Inc.

A 501(c)(3) Nonprofit Charitable  
Organization  
Phone (302) 897-0972

[www.followyourheartanimalrescue.org](http://www.followyourheartanimalrescue.org) | Email/PayPal: [followyourheartfoundation@gmail.com](mailto:followyourheartfoundation@gmail.com)

### **VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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 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

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 copy /file paperwork as is asked of me.

Y \_\_\_ N \_\_\_ I am willing to keep a clean environment where I am working.

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

Y \_\_\_ N \_\_\_ I will make FYH aware when I am unable to be present at an event I am scheduled for.

#### **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: \_\_\_\_\_



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### **VOLUNTEER LIABILITY WAIVER**

I/we \_\_\_\_\_ and \_\_\_\_\_ understand that all work performed with Follow Your Heart Foundation Inc. (FYH) is voluntary and at my our own risk, and therefore, release FYH, its director(s), affiliate(s) and representative(s) of any and all public liability, property damages and or medical costs incurred while I/we are providing volunteer services for FYH.

I/we do hereby on behalf of myself/ourselves, heirs, administrators and assigns, irrevocably and unconditionally release and agree to hold harmless FYH, 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/our voluntary services performed with FYH.

By affixing my signature below, I acknowledge that I have read, understand and agree to ALL of the provisions set form 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 Foundation Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_