



# Volunteer Application

Please return this form by emailing to: [sisters@pitsisters.org](mailto:sisters@pitsisters.org)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact: \_\_\_\_\_ Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this court-ordered community service?  No  Yes

Have you ever pleaded “nolo contendere” to or been convicted or found guilty of a first-degree misdemeanor or a felony.  
 No  Yes If yes, please give date, nature of offense and disposition. \_\_\_\_\_

*Note: A criminal record will not necessarily bar an applicant, however, will be considered as it relates to specifics of the role you have shown interest.*

### Please indicate areas of interest:

Fostering: \_\_\_\_\_ Adoption Events: \_\_\_\_\_ Fundraising: \_\_\_\_\_ Grant Writing: \_\_\_\_\_ Transportation: \_\_\_\_\_ Administration: \_\_\_\_\_

Availability: Week Days \_\_\_\_\_ Evenings \_\_\_\_\_ Weekend Days \_\_\_\_\_ Weekend Evenings \_\_\_\_\_

### PLEASE READ and SIGN VOLUNTEER RELEASE

*\*I hereby agree to accept a position as a volunteer for Pit Sisters, Inc. and in so doing; I agree to comply with all the policies, rules, and regulations, which may be established. I understand failure to do so may result in my termination as a volunteer. \*I acknowledge 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 Pit Sisters, all services to be performed by me at my own risk. \*I am aware that in handling animals there exists a risk of injury including personal physical harm. I hereby release, discharge, indemnify and hold harmless Pit Sisters, its agents, representatives and employees from any and all claims, causes of actions or demands, of any nature or cause connected with my Volunteer Agreement. \*I agree on behalf of my heir personal representatives, and executors, to allow Pit Sisters to use any photographs taken for use in public relations efforts. I may be notified if a photo is used, but more than likely I will not. I hereby grant the following media release rights and permission to use all photos and/or videos taken of myself and/or family. Pit Sisters has the right and permission to take, use, reuse, publish, and republish photographic portraits or pictures of me or any minor who is my child or over which I am guardian. \*I waive any right that a minor, which I am the legal guardian, may have to inspect or approve products, advertising copy or printed matter that may be used in connection with such photographs or use as applied. I agree I will not receive any financial compensation. This release shall be a binding document.*

Printed Name

Signature

Date

### **\*PARENTAL CONSENT, MEDICAL WAIVER and INDEMNITY AGREEMENT** (IF UNDER 18 YEARS OF AGE)

I, \_\_\_\_\_(Name), warrant that I am the parent or guardian having legal custody of \_\_\_\_\_(Name of Minor), born on \_\_\_\_\_(D/O/B). In consideration for the acceptance of my child’s registration as a volunteer for Pit Sisters, and with the understanding that my child’s participation is only on condition that I enter into this agreement, I hereby assume the risks involved. I expressly assume the risk of, and accept full responsibility for any and all injuries, that may occur as a result of my child’s participation and release from liability—Pit Sisters and any officers, directors, agents, representatives, vendors, sponsors, volunteers and employees. I hereby waive any claim I may have hereafter as a result of my child’s participation in volunteering and any other activities connected with their participation. I hereby agree to indemnify all claims, including attorney fees, and costs which may be brought against Pit Sisters and any officers, directors, agents, representatives, vendors, volunteers and employees by anyone claiming to have been injured as a result of my child’s volunteer activities.

Print Name of Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_